

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

PLAINTIFF, individually and on behalf of all others similarly situated,)	Case No.: 1:12-cv-02288-JG
Plaintiff,)	Judge James S. Gwin
v.)	Magistrate Judge Greg White
INTELLICORP RECORDS, Inc., an Ohio corporation, and DOES 1-50, inclusive,)	DECLARATION OF DAVID H. WALLACE IN SUPPORT OF DEFENDANT'S OPPOSITION TO PLAINTIFF'S MOTION FOR CLASS CERTIFICATION
Defendant.)	

In accordance with 28 U.S.C. § 1746, David H. Wallace declares as follows:

1. I am an attorney admitted to practice before all courts of Ohio and a partner at Taft Stettinius & Hollister, LLP. I represent Defendant Intellicorp Records, Inc. ("Intellicorp") in this matter. I have personal knowledge of each of these facts stated herein, and if called to testify, could and would testify competently hereto.

Authentication of Exhibits

2. Attached to this Declaration as Exhibit A is a true and correct copy of Plaintiff's Felony Complaint in Los Angeles County Superior Court, introduced as Defendant's Exhibit No. 6 to the deposition of Jane Roe, and redacted in accordance with the Protective Order entered on December 6, 2012.

3. Attached to this Declaration as Exhibit B is a true and correct copy of Plaintiff's Felony Docket in Los Angeles County Superior Court, produced at

Bates Nos. PLTF000024 – PTLF000027, and redacted in accordance with the Protective Order entered on December 6, 2012.

4. Attached to this Declaration as Exhibit C is a true and correct copy of Plaintiff's Felony Complaint in Los Angeles County Superior Court, introduced as Defendant's Exhibit No. 7 to the deposition of Jane Roe, and redacted in accordance with the Protective Order entered on December 6, 2012.

5. Attached to this Declaration as Exhibit D is a true and correct copy of excerpts from Plaintiff's deposition, taken on January 22, 2013, and redacted in accordance with the Protective Order entered on December 6, 2012.

6. Attached to this Declaration as Exhibit E is a true and correct copy of excerpts from the deposition of Miyoshi La Fourche taken on February 4, 2013.

7. Attached to this Declaration as Exhibit F is a true and correct copy of Plaintiff's application for employment at SmartChoice Investments Inc. d.b.a. BrightStar ("BrightStar"), introduced as Defendant's Exhibit No. 16 to the deposition of Maurice Geyen, and redacted in accordance with the Protective Order entered on December 6, 2012.

8. Attached to this Declaration as Exhibit G is a true and correct copy of Plaintiff's employment application to Administaff for placement at Partners in Care Foundation, introduced as Defendant's Exhibit No. 10 to the deposition of Jane Roe and produced at Bates Nos. PLTF 000048 – PTLF 000054. The document is redacted in accordance with the Protective Order entered on December 6, 2012.

9. Attached to this Declaration as Exhibit H is a true and correct copy of a letter from opposing counsel to co-counsel at Davis Polk & Wardwell LLP, dated March 1, 2013, enclosing an Errata Sheet from the deposition of Jane Roe.

10. Attached to this Declaration as Exhibit I is a true and correct copy of a consumer background report prepared by Intellicorp for Brightstar, introduced as Plaintiff's Exhibit No. 11 to the deposition of Todd Carpenter and produced at Bates Nos. INT 0002233 – INT 0002235. The document is redacted in accordance with the Protective Order entered on December 6, 2012.

11. Attached to this Declaration as Exhibit J is a true and correct copy of a consumer background report prepared by Intellicorp for 5Life Ventures d.b.a. ComForcare Senior Services, introduced as Plaintiff's Exhibit No. 12 to the deposition of Todd Carpenter and produced at Bates Nos. INT 0002236 – INT 0002239. The document is redacted in accordance with the Protective Order entered on December 6, 2012.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 11, 2013.

A handwritten signature in black ink, appearing to read "D. Wallace", is written over a horizontal line. The signature is fluid and cursive, with a large, stylized 'D' on the left and a 'W' on the right.

David H. Wallace

Exhibit A

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

THE PEOPLE OF THE STATE OF CALIFORNIA,
Plaintiff,
v.
[REDACTED] and
[REDACTED] Defendant(s).

CASE NO. [REDACTED]

FELONY COMPLAINT

DATE OF ARREST [REDACTED] 02-05-01
AMOUNT OF BOND \$ 15,000.00
DATE POSTED 02-16-01
RCV NUMBER [REDACTED]
SURETY [REDACTED]
DEFENDANT [REDACTED]

The undersigned is informed and believes that:

COUNT 1

On or about January 18, 2001, in the County of Los Angeles, the crime of GRAND THEFT OF PERSONAL PROPERTY, in violation of PENAL CODE SECTION 487(a), a Felony, was committed by [REDACTED] who did unlawfully take money and personal property of a value exceeding Four Hundred Dollars (\$400), to wit merchandise the property of SUPER K-MART.

* * * * *

COUNT 2

On or about January 18, 2001, in the County of Los Angeles, the crime of PETTY THEFT WITH PRIOR(S), in violation of PENAL CODE SECTION 666, a Felony, was committed by [REDACTED]

[REDACTED] who did unlawfully and in violation of Penal Code Section 484(a), steal take and carry away the personal property of SUPER K-MART. It is further alleged that defendant(s), [REDACTED] was previously convicted in the State of California of the crime(s) listed below and served a term for each crime in a penal institution and was imprisoned therein as a condition of probation.

FELONY COMPLAINT

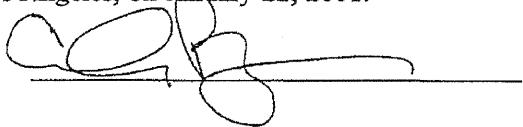
Defts'
EXHIBIT NO. 6
1/22/13
L. White

<u>Conv. Date</u>	<u>Case No.</u>	<u>Code/Statute</u>	<u>Court</u>	<u>Jurisdiction</u>
12/11/1998	[REDACTED]	PC484(A)	MUNICIPAL	L.A. - METRO

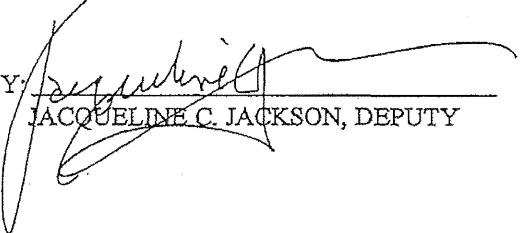
* * * * *

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND
CORRECT AND THAT THIS COMPLAINT, CASE NUMBER [REDACTED] CONSISTS OF 2
COUNT(S).

Executed at LYNWOOD, County of Los Angeles, on January 22, 2001.


DECLARANT AND COMPLAINANT

.....
STEVE COOLEY, DISTRICT ATTORNEY

BY: 
JACQUELINE C. JACKSON, DEPUTY

AGENCY: LASD - CARSON
PATROL I/O: DET. BERGER ID NO.: 290620 PHONE : 310-830-1123
DR NO.: 401007241617083 OPERATOR: JAG PRELIM. TIME EST.: 45 MINUTE(S)

<u>DEFENDANT</u>	<u>CII NO.</u>	<u>DOB</u>	<u>BOOKING NO.</u>	<u>BAIL RECOM'D</u>	<u>CUSTODY RTN DATE</u>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$20,000	1/22/2001
			[REDACTED]	\$15,000	1/22/2001

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.

FELONY COMPLAINT – ORDER HOLDING TO ANSWER -- P.C. SECTION 872

It appearing to me from the evidence presented that the following offense(s) has/have been committed and that there is sufficient cause to believe that the following defendant(s) guilty thereof, to wit:

(Strike out or add as applicable)

Count
No.
1

Charge
PC 487(a)

Charge
Range
16-2-3

Special
Allegation

Alleg.
Effect

Count
No.
2

Charge
PC 666

Charge
Range
16-2-3

Special
Allegation

Alleg.
Effect

I order that the defendant(s) be held to answer therefor and be admitted to bail in the sum of:

_____ Dollars

_____ Dollars

and be committed to the custody of the Sheriff of Los Angeles County until such bail is given. Date of arraignment in Superior Court will be:

[REDACTED]

_____ in Dept _____

_____ in Dept _____

at: _____ A.M.

Date: _____

Committing Magistrate

MINUTE ORDER
MUNICIPAL COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 03/06/01

CASE NO. [REDACTED]

THE PEOPLE OF THE STATE OF CALIFORNIA
VS
DEFENDANT 02: [REDACTED]

BAIL: APPEARANCE DATE DATE	AMOUNT OF BAIL	DATE POSTED	RECEIPT OR BOND NO.	SURETY COMPANY	REGISTER NUMBER
02/05/01	\$15,000.00	02/16/01	LYN00060003	JEROME POLAND	A-10699

CASE FILED ON 01/22/01.

COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED,
ON OR ABOUT 01/18/01 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S)
OF:

COUNT 02: 666 PC MISD - PETTY THEFT W/PRIOR JAIL TERM.

ON 03/06/01 AT 830 AM IN COMPTON / LYNWOOD DIV 015

CASE CALLED FOR PROBATION AND SENTENCE HEARING

PARTIES: DEAN E. FARRAR (JUDGE) PRENILLA LEWIS (CLERK)
KATHERINE GIBB (REP) LAUREN WINSTON (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY JENNIFER M. CHENG ALTERNATE
PUBLIC DEFENDER

DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE
WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING
JUDGMENT:

AS TO COUNT (02):

IMPOSITION OF SENTENCE SUSPENDED

DEFENDANT PLACED ON SUMMARY PROBATION

FOR A PERIOD OF 024 MONTHS UNDER THE FOLLOWING TERMS AND CONDITIONS:

SERVE 090 DAYS IN LOS ANGELES COUNTY JAIL

LESS CREDIT FOR 21 DAYS

OBEY ALL LAWS AND FURTHER ORDERS OF THE COURT.

PAGE NO. 1 PROBATION AND SENTENCE HEARING
HEARING DATE: 03/06/01

CASE NO. [REDACTED]
DEF NO. 02

DATE PRINTED 03/06/01

PROBATION REPORT RECEIVED AND FILED.
MEMO SENT TO PROBATION.

COUNT (02): DISPOSITION: CONVICTED

DEFENDANT WAIVES STATUTORY TIME.

DMV ABSTRACT NOT REQUIRED

NEXT SCHEDULED EVENT:
09/14/01 830 AM STAY ON JAIL TIME DIST COMPTON / LYNWOOD DIV 015
03/06/01 EXONERATED, # LYN000600003

CUSTODY STATUS: BAIL EXONERATED
CUSTODY STATUS: RELEASED ON OWN RECOGNIZANCE

MINUTE ORDER
MUNICIPAL COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 03/06/01

CASE NO. [REDACTED]

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.

DEFENDANT 01: [REDACTED]

BAIL: APPEARANCE DATE DATE OF BAIL	AMOUNT POSTED	RECEIPT OR BOND NO.	SURETY COMPANY	REGISTER NUMBER
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CASE FILED ON 01/22/01.

COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED,
ON OR ABOUT 01/18/01 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S)
OF:

COUNT 01: 487(A) PC MISD - GRAND THEFT:PRPRTY OVER \$400.

ON 03/06/01 AT 830 AM IN COMPTON / LYNWOOD DIV 015

CASE CALLED FOR PROBATION AND SENTENCE HEARING

PARTIES: DEAN E. FARRAR (JUDGE) PRENILLA LEWIS (CLERK)
KATHERINE GIBB (REP) LAUREN WINSTON (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY RANDALF KINCAID BAR PANEL
ATTORNEY

DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE
WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING
JUDGMENT:

AS TO COUNT (01):

IMPOSITION OF SENTENCE SUSPENDED

DEFENDANT PLACED ON SUMMARY PROBATION

FOR A PERIOD OF 024 MONTHS UNDER THE FOLLOWING TERMS AND CONDITIONS:

SERVE 090 DAYS IN LOS ANGELES COUNTY JAIL

LESS CREDIT FOR 20 DAYS

OBEY ALL LAWS AND FURTHER ORDERS OF THE COURT.

PROBATION REPORT RECEIVED AND FILED.

PAGE NO. 1

PROBATION AND SENTENCE HEARING
HEARING DATE: 03/06/01

CASE NO. [REDACTED]
DEF NO. 01

DATE PRINTED 03/06/01

MEMO SENT TO PROBATION.

COUNT (01); DISPOSITION: CONVICTED

DEFENDANT WAIVES STATUTORY TIME.

DMV ABSTRACT NOT REQUIRED

NEXT SCHEDULED EVENT:

06/06/01 830 AM STAY ON JAIL TIME DIST COMPTON / LYNWOOD DIV 015

CUSTODY STATUS: RELEASED ON OWN RECOGNIZANCE

PAGE NO. 2

PROBATION AND SENTENCE HEARING
HEARING DATE: 03/06/01

Exhibit B

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

NO. [REDACTED] PAGE NO. 1
THE PEOPLE OF THE STATE OF CALIFORNIA VS. CURRENT DATE 11/21/12
DEFENDANT 01: [REDACTED]

LAW ENFORCEMENT AGENCY EFFECTING ARREST: LASD - CARSON STATION

BAIL: APPEARANCE	AMOUNT	DATE	RECEIPT OR	SURETY COMPANY	REGISTER
DATE	OF BAIL	POSTED	BOND NO.		NUMBER

CASE FILED ON 01/22/01.

COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING
COMMITTED, ON OR ABOUT 01/18/01 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING
OFFENSE(S) OF:

COUNT 01: 487(A) PC FEL

NEXT SCHEDULED EVENT:

01/22/01 830 AM ARRAIGNMENT DIST LYNWOOD COURTHOUSE DIV 016

ON 01/22/01 AT 830 AM IN LYNWOOD COURTHOUSE DIV 016

CASE CALLED FOR ARRAIGNMENT

PARTIES: MARCELITA V. HAYNES (JUDGE) TAMMY HASLERIG (CLERK)
LUCY VARELA (REP) BRENDA ENGLISH (DA)

DEFENDANT DEMANDS COUNSEL.

COURT REFERS DEFENDANT TO THE PUBLIC DEFENDER.

PUBLIC DEFENDER APPOINTED. LYNN MELTZER BREWER - P.D.

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY LYNN MELTZER BREWER DEPUTY
PUBLIC DEFENDER

A COPY OF THE COMPLAINT AND THE ARREST REPORT GIVEN TO DEFENDANTS COUNSEL.

DEFENDANT ADVISED THAT IN ANY CASE IN WHICH YOU ARE FURNISHED A LAWYER, EITHER
THROUGH THE PUBLIC DEFENDER OR PRIVATE COUNSEL APPOINTED BY THE COURT, UPON
CONCLUSION OF THE CRIMINAL PROCEEDINGS IN THE TRIAL COURT, THE COURT SHALL
MAKE A DETERMINATION OF YOUR PRESENT ABILITY TO PAY ALL OR A PORTION OF THE
COST OF COUNSEL. IF THE COURT DETERMINES THAT YOU HAVE THE PRESENT ABILITY
TO PAY ALL OR PART OF THE COST, IT SHALL ORDER YOU TO PAY THE SUM TO THE
COUNTY IN ANY INSTALLMENTS AND MANNER WHICH IT BELIEVES REASONABLE AND
COMPATIBLE WITH YOUR FINANCIAL ABILITY. EXECUTION MAY BE ISSUED ON THE ORDER

IN THE SAME MANNER AS ON A JUDGEMENT IN A CIVIL ACTION;

DEFENDANT WAIVES ARRAIGNMENT, READING OF COMPLAINT, AND STATEMENT OF
CONSTITUTIONAL AND STATUTORY RIGHTS.

DEFENDANT PLEADS NOT GUILTY TO COUNT 01, 487(A) PC.

PRETRIAL SERVICES DIVISION NOTICE OF PTS INVESTIGATION
REPORT FILED.

BAIL SET AT \$20,000.

NEXT SCHEDULED EVENT:

UPON MOTION OF DEFENDANT

02/05/01 830 AM PRELIMINARY HEARING DIST LYNWOOD COURTHOUSE DIV 015

DAY 10 OF 10

NEXT SCHEDULED EVENT :

01/29/01 830 AM SENTENCING DIST LYNWOOD COURTHOUSE DIV 015

CUSTODY STATUS: REMANDED TO CUSTODY

ON 01/29/01 AT 830 AM IN LYNWOOD COURTHOUSE DIV 015

CASE CALLED FOR SENTENCING

PARTIES: DEAN E. FARRAR (JUDGE) PRENILLA LEWIS (CLERK)
GAIL SCOTT (REP) GARIE L. OEHLER (DA)

CASE NO. [REDACTED]
DEF NO. 01

PAGE NO. 2
DATE PRINTED 11/21/12

PUBLIC DEFENDER DECLARES CONFLICT OF INTEREST.
DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY RANDALF KINCAID BAR PANEL
ATTORNEY
ORDER FOR APPOINTMENT OF ATTORNEY PURSUANT TO 987.2 PC SIGNED
AND COPY ATTACHED TO COURT FILE.
OWN RECOGNIZANCE REPORT FILED.
RELEASE NUMBER RB 375364 ISSUED.

NEXT SCHEDULED EVENT:

MATTER PREV SET/REMAIN ON CLDR

CUSTODY STATUS: RELEASED ON OWN RECOGNIZANCE

ON 02/05/01 AT 830 AM IN LYNWOOD COURTHOUSE DIV 015

CASE CALLED FOR PRELIMINARY HEARING
PARTIES: DEAN E. FARRAR (JUDGE) PRENILLA LEWIS (CLERK)
KATHERINE GIBB (REP) LAUREN WINSTON (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY RANDALF KINCAID BAR PANEL
ATTORNEY

ON PEOPLES MOTION, COURT ORDERS COMPLAINT DEEMED AMENDED TO ALLEGE COUNT 01 AS
A MISDEMEANOR PURSUANT TO 17B4 OF THE PENAL CODE AND COUNT SHALL PROCEED AS A
MISDEMEANOR.

DEFENDANT ADVISED OF THE FOLLOWING RIGHTS ORALLY:

A PLEA OF NOLO CONTENDERE SHALL BE CONSIDERED THE SAME AS A PLEA OF GUILTY.
FOR THE PURPOSES OF THE CRIMINAL PROCEEDING, IT IS AN ADMISSION OF GUILT BUT
CANNOT BE USED AGAINST YOU AS AN ADMISSION OF FAULT IN A CIVIL PROCEEDINGS
ARISING OUT OF THE INCIDENT THAT CAUSED CRIMINAL PROCEEDINGS TO BE BROUGHT;

DEFENDANT WAIVES FURTHER ARRAIGNMENT.

DEFENDANT ADVISED OF AND PERSONALLY AND EXPLICITLY WAIVES THE FOLLOWING RIGHTS:
TRIAL BY COURT AND TRIAL BY JURY

CONFRONTATION AND CROSS-EXAMINATION OF WITNESSES;
SUBPOENA OF WITNESSES INTO COURT TO TESTIFY IN YOUR DEFENSE;
AGAINST SELF-INCrimINATION;

DEFENDANT ADVISED OF THE FOLLOWING:

THE NATURE OF THE CHARGES AGAINST HIM, THE ELEMENTS OF THE OFFENSE IN THE
COMPLAINT, AND POSSIBLE DEFENSES TO SUCH CHARGES;

THE POSSIBLE CONSEQUENCES OF A PLEA OF GUILTY OR NOLO CONTENDERE, INCLUDING
THE MAXIMUM PENALTY AND ADMINISTRATIVE SANCTIONS AND THE POSSIBLE LEGAL
EFFECTS AND MAXIMUM PENALTIES INCIDENT TO SUBSEQUENT CONVICTIONS FOR THE
SAME OR SIMILAR OFFENSES;

THE EFFECTS OF PROBATION;

IF YOU ARE NOT A CITIZEN, YOU ARE HEREBY ADVISED THAT A CONVICTION OF THE
OFFENSE FOR WHICH YOU HAVE BEEN CHARGED MAY HAVE THE CONSEQUENCES OF
DEPORTATION, EXCLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF
NATURALIZATION PURSUANT TO THE LAWS OF THE UNITED STATES.

THE COURT FINDS THAT EACH SUCH WAIVER IS KNOWINGLY, UNDERSTANDINGLY, AND
EXPLICITLY MADE; COUNSEL JOINS IN THE WAIVERS

THE DEFENDANT PERSONALLY WITHDRAWS PLEA OF NOT GUILTY TO COUNT 01 AND PLEADS
NOLO CONTENDERE WITH THE APPROVAL OF THE COURT TO A VIOLATION OF SECTION
487(A) PC IN COUNT 01. THE COURT FINDS THE DEFENDANT GUILTY.

COUNT (01) : DISPOSITION: CONVICTED

CASE NO. [REDACTED]
DEF NO. 01

PAGE NO. 3
DATE PRINTED 11/21/12

DEFENDANT IS ADVISED OF HIS RIGHT TO A SPEEDY TRIAL AND WAIVES STATUTORY TIME FOR TRIAL.

COURT FINDS THAT THERE IS A FACTUAL BASIS FOR DEFENDANT'S PLEA, AND COURT ACCEPTS PLEA.

WAIVES STATUTORY TIME.

NEXT SCHEDULED EVENT:

03/06/01 830 AM PROBATION AND SENTENCE HEARING DIST LYNWOOD COURTHOUSE DIV 015

CUSTODY STATUS: RELEASED ON OWN RECOGNIZANCE

ON 03/06/01 AT 830 AM IN LYNWOOD COURTHOUSE DIV 015

CASE CALLED FOR PROBATION AND SENTENCE HEARING

PARTIES: DEAN E. FARRAR (JUDGE) PRENILLA LEWIS (CLERK)

KATHERINE GIBB (REP) LAUREN WINSTON (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY RANDALF KINCAID BAR PANEL

ATTORNEY

DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING JUDGMENT:

AS TO COUNT (01):

IMPOSITION OF SENTENCE SUSPENDED

DEFENDANT PLACED ON SUMMARY PROBATION

FOR A PERIOD OF 024 MONTHS UNDER THE FOLLOWING TERMS AND CONDITIONS:

SERVE 090 DAYS IN LOS ANGELES COUNTY JAIL

LESS CREDIT FOR 20 DAYS

OBEY ALL LAWS AND FURTHER ORDERS OF THE COURT.

PROBATION REPORT RECEIVED AND FILED.

MEMO SENT TO PROBATION.

COUNT (01): DISPOSITION: CONVICTED

DEFENDANT WAIVES STATUTORY TIME.

DMV ABSTRACT NOT REQUIRED

NEXT SCHEDULED EVENT:

06/06/01 830 AM STAY ON JAIL TIME DIST LYNWOOD COURTHOUSE DIV 015

CUSTODY STATUS: RELEASED ON OWN RECOGNIZANCE

ON 04/09/01 AT 830 AM IN LYNWOOD COURTHOUSE DIV 015

CASE CALLED FOR MOTION

PARTIES: DEAN E. FARRAR (JUDGE) PRENILLA LEWIS (CLERK)

KATHERINE GIBB (REP) LAUREN WINSTON (DA)

DEFENDANT IS PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

MATTER ADVANCED OFF CALENDAR.

WAIVES STATUTORY TIME.

NEXT SCHEDULED EVENT:

06/05/01 830 AM STAY ON JAIL TIME DIST LYNWOOD COURTHOUSE DIV 015

CUSTODY STATUS: RELEASED ON OWN RECOGNIZANCE

ON 06/05/01 AT 830 AM IN LYNWOOD COURTHOUSE DIV 015

CASE CALLED FOR STAY ON JAIL TIME

PARTIES: DEAN E. FARRAR (JUDGE) PRENILLA LEWIS (CLERK)

KATHERINE GIBB (REP) EVELIS M. DEGARMO (DA)

DEFENDANT IS PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL

CASE NO. [REDACTED]
DEF NO. 01

PAGE NO. 4
DATE PRINTED 11/21/12

PROBATION IS CONTINUED ON THE SAME TERMS AND CONDITIONS WITH THE FOLLOWING
MODIFICATIONS:
AS TO COUNT (01):
DEFENDANT TO SERVE NINETY DAYS COUNTY JAIL CREDIT TWENTY DAYS.
COMMITMENT ISSUED.
DMV ABSTRACT NOT REQUIRED
NEXT SCHEDULED EVENT:
PROCEEDING TERM & CLDR CANCEL

ON 12/09/03 AT 830 AM IN LYNWOOD COURTHOUSE DIV 003

CASE CALLED FOR POST SENTENCING
PARTIES: DEAN E. FARRAR (JUDGE) PRENILLA LEWIS (CLERK)
YESENIA MONTALVO (REP) CHRIS PFAU (DA)
DEFENDANT IS NOT PRESENT IN COURT, BUT REPRESENTED BY HIDEO E. NAKANO DEPUTY
PUBLIC DEFENDER

PROBATION TERMINATED
AS TO COUNT (01):
MOTION PURSUANT TO SECTION 1203.4/1203.4A OF THE CALIFORNIA PENAL CODE IS
HEREBY GRANTED. IT IS HEREBY ORDERED THAT THE PLEA, VERDICT, OR FINDING OF
GUILT BE SET ASIDE AND VACATED AND A PLEA OF NOT GUILTY BE ENTERED; AND THAT
THE COMPLAINT BE, AND IS HEREBY DISMISSED
COUNT (01): IS DISMISSED: DISMISSED PER 1203.4 P.C.
PETITION AND ORDER UNDER PC 1203.4 OR 1203.4A FILED.
MEMORANDUM SENT TO PROBATION DEPARTMENT.
COUNT (01): DISPOSITION: DISMISSED PER 1203.4 P.C.
DMV ABSTRACT NOT REQUIRED
NEXT SCHEDULED EVENT:
DISMISSD PURSUANT TO 1203.4 PC

Exhibit C

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

THE PEOPLE OF THE STATE OF CALIFORNIA,

CASE NO. [REDACTED]

Plaintiff,

v.

01 [REDACTED]

02 [REDACTED]

Defendant(s).

FELONY COMPLAINT

RECEIVED
LOS ANGELES
CLERK'S OFFICE
CRIMINAL DEPT.
05 FEB 15 AM 11:17

The undersigned is informed and believes that:

COUNT 1

On or about February 10, 2005, in the County of Los Angeles, the crime of SECOND DEGREE ROBBERY, in violation of PENAL CODE SECTION 211, a Felony, was committed by [REDACTED] who did unlawfully, and by means of force and fear take personal property from the person, possession, and immediate presence of ELIAS ALVAREZ.

"NOTICE: The above offense is a serious felony within the meaning of Penal Code section 1192.7(c)."

* * * * *

Def's
EXHIBIT NO. 7
1/22/13
L. White

COUNT 2

On or about February 10, 2005, in the County of Los Angeles, the crime of PETTY THEFT WITH PRIOR(S), in violation of PENAL CODE SECTION 666, a Felony, was committed by

[REDACTED] who did unlawfully and in violation of Penal Code Section 484(a), steal take and carry away the personal property of TARGET. It is further alleged that defendant(s), [REDACTED]

[REDACTED] was previously convicted in the State of California of the crime(s) listed below and served a term for each crime in a penal institution and was imprisoned therein as a condition of probation.

<u>Conv. Date</u>	<u>Case No.</u>	<u>Code/Statute</u>	<u>Court</u>	<u>Jurisdiction</u>
02/05/2001	[REDACTED]	PC487(A)	SUPERIOR	LOS ANGELES

* * * * *

COUNT 3

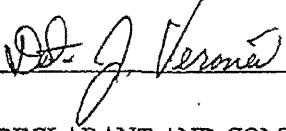
On or about February 10, 2005, in the County of Los Angeles, the crime of PETTY THEFT WITH PRIOR(S), in violation of PENAL CODE SECTION 666, a Felony, was committed by

[REDACTED] who did unlawfully and in violation of Penal Code Section 484(a), steal take and carry away the personal property of TARGET. It is further alleged that defendant(s), [REDACTED] was previously convicted in the State of California of the crime(s) listed below and served a term for each crime in a penal institution and was imprisoned therein as a condition of probation.

<u>Conv. Date</u>	<u>Case No.</u>	<u>Code/Statute</u>	<u>Court</u>	<u>Jurisdiction</u>
02/28/1996	[REDACTED]	PC484(A)	SUPERIOR	LOS ANGELES

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND
CORRECT AND THAT THIS COMPLAINT, CASE NUMBER [REDACTED] CONSISTS OF 3
COUNT(S).

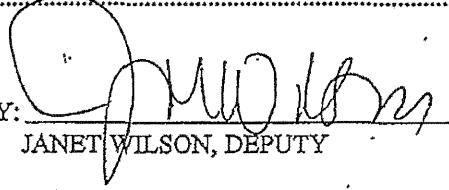
Executed at INGLEWOOD, County of Los Angeles, on February 15, 2005.



D. J. Veronee

DECLARANT AND COMPLAINANT

.....
STEVE COOLEY, DISTRICT ATTORNEY

BY: 

JANET WILSON, DEPUTY

AGENCY: INGLEWOOD PD I/O: VERONEE ID NO.: 640 PHONE : (310) 412-5245
DR NO.: 05 0410236 OPERATOR: PQ PRELIM. TIME EST.:

<u>DEFENDANT</u>	<u>CII NO.</u>	<u>DOB</u>	<u>BOOKING NO.</u>	<u>BAIL RECOM'D</u>	<u>CUSTODY RTN DATE</u>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$70,000	2/15/2005
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$70,000	2/15/2005

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense
counsel provide discovery to the People as required by Penal Code Section 1054.3.

FELONY COMPLAINT – ORDER HOLDING TO ANSWER – P.C. SECTION 872

It appearing to me from the evidence presented that the following offense(s) has/have been committed and that there is sufficient cause to believe that the following defendant(s) guilty thereof, to wit:

(Strike out or add as applicable)

Count <u>No.</u>	Charge	Charge <u>Range</u>	Special <u>Allegation</u>	Alleg. <u>Effect</u>
1	PC 211	2-3-5		
2	PC 666	16-2-3		

Count <u>No.</u>	Charge	Charge <u>Range</u>	Special <u>Allegation</u>	Alleg. <u>Effect</u>
1	PC 211	2-3-5		
3	PC 666	16-2-3		

I order that the defendant(s) be held to answer therefor and be admitted to bail in the sum of:

\$70,000 - Dollars
\$70,000 - Dollars

and be committed to the custody of the Sheriff of Los Angeles County until such bail is given. Date of arraignment in Superior Court will be:

[REDACTED]
at: 8:30 A.M.

3-16-05 in Dept 0
3-16-05 in Dept 0

Date: 3-1-05


Linda Ferrell
Committing Magistrate



MINUTE ORDER
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

DATE PRINTED: 06/09/05

CASE NO. [REDACTED]

THE PEOPLE OF THE STATE OF CALIFORNIA
VS.

DEFENDANT 02: [REDACTED]

INFORMATION FILED ON 03/16/05.

COUNT 01: 211 PC FEL - ROBBERY.
COUNT 03: 666 PC FEL - PETTY THEFT W/PRIOR JAIL TERM.

ON 06/09/05 AT 830 AM IN SOUTHWEST DISTRICT DEPT SWO
CASE CALLED FOR P & S/DISPO REMAINING COUNTS

PARTIES: JOHN V. MEIGS (JUDGE) JOLANE DONALD (CLERK)
SYDNEY LAWRENCE (REP) ROBERT L. VILLA (DA)

DEFENDANT IS PRESENT IN COURT, AND REPRESENTED BY TERRELL D. POWELL ALTERNATE
PUBLIC DEFENDER

DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE
WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING
JUDGMENT:

AS TO COUNT (03):

DEFENDANT PLACED ON FORMAL PROBATION

FOR A PERIOD OF 003 YEARS UNDER THE FOLLOWING TERMS AND CONDITIONS:

SERVE 180 DAYS IN LOS ANGELES COUNTY JAIL

LESS CREDIT FOR 180 DAYS

DEFENDANT GIVEN TOTAL CREDIT FOR 180 DAYS IN CUSTODY 120 DAYS ACTUAL CUSTODY
AND 60 DAYS GOOD TIME/WORK TIME

IN ADDITION:

-PAY THE FOLLOWING AMOUNTS THROUGH THE PROBATION OFFICER:

-DEFENDANT IS TO PAY A COURT SECURITY SURCHARGE IN THE AMOUNT
OF \$20.00 PURSUANT TO GOVERNMENT CODE SECTIONS 69926(A) AND
PENAL CODE SECTION 1465.8(A)(1).

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P & S/DISPO REMAINING COUNTS.
HEARING DATE: 06/09/05

CASE NO. [REDACTED]
DEF NO. 02

DATE PRINTED 06/09/05

-THE DEFENDANT IS TO PAY A RESTITUTION FINE PURSUANT TO SECTION 1202.4(B) PENAL CODE IN THE AMOUNT OF \$ 200.00

-SEEK AND MAINTAIN TRAINING, SCHOOLING OR EMPLOYMENT AS APPROVED BY THE PROBATION OFFICER.

-KEEP PROBATION OFFICER ADVISED OF YOUR RESIDENCE AND WORK AND HOME TELEPHONE NUMBERS AT ALL TIMES.

-DEFENDANT TO REPORT ANY CHANGE OF ADDRESS TO THE PROBATION OFFICE WITHIN 5 DAYS OF MOVING.

-DEFENDANT TO REPORT TO THE PROBATION OFFICER WITHIN 24 HOURS AFTER RELEASE FROM CUSTODY TO THE CENTINELA AREA OFFICE LOCATED AT 1330 WEST IMPERIAL HIGHWAY IN LOS ANGELES.

-DEFENDANT ACKNOWLEDGES TO THE COURT THAT THE DEFENDANT UNDERSTANDS AND ACCEPTS ALL THE PROBATION CONDITIONS, AND DEFENDANT AGREES TO ABIDE BY SAME.

COURT ORDERS AND FINDINGS:

-STAY AWAY FROM TARGET STORE IN INGLEWOOD.

-DEFENDANT SHALL STAY AT LEAST 100 YARDS AWAY FROM THE SURROUNDING PARKING AREAS OF THE TARGET IN INGLEWOOD.

-THE COURT ORDERS THAT THE DEFENDANT PROVIDE TWO SPECIMENS OF BLOOD, A SALIVA SAMPLE, RIGHT THUMBPRINT, AND A FULL PALM PRINT IMPRESSION OF EACH HAND FOR LAW ENFORCEMENT IDENTIFICATION ANALYSIS.

-NOT OWN, USE OR POSSESS ANY DANGEROUS OR DEADLY WEAPONS, INCLUDING ANY FIREARMS, KNIVES OR OTHER CONCEALABLE WEAPONS.

-SUBMIT PERSON AND PROPERTY TO A SEARCH AT ANY TIME OF THE DAY OR NIGHT BY ANY LAW ENFORCEMENT OFFICER OR PROBATION OFFICER WITH OR WITHOUT A WARRANT OR PROBABLE CAUSE.

-OBEY ALL LAWS AND ORDERS OF THE COURT.

-OBEY ALL RULES AND REGULATIONS OF THE PROBATION DEPARTMENT.

ON THE PEOPLE'S MOTION, PURSUANT TO PENAL CODE SECTION 1385 TO DISMISS/STRIKE ALL REMAINING COUNTS/ALLEGATIONS, PURSUANT TO PLEA AGREEMENT, IS HEARD AND GRANTED.

BOOKING NUMBER [REDACTED]
PROBATION NUMBER [REDACTED]

THE DEFENDANT RECEIVING CREDIT FOR TIME SERVED, IS ORDERED TO BE RELEASED. RELEASE NUMBER [REDACTED] IS ISSUED.

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P & S/DISPO REMAINING COUNTS
HEARING DATE: 06/09/05

CASE NO. [REDACTED]
DEF NO. 02

DATE PRINTED 06/09/05

COUNT (03): DISPOSITION: CONVICTED

REMAINING COUNTS DISMISSED.

COUNT (01): DISMISSED DUE TO PLEA NEGOTIATION

DMV ABSTRACT NOT REQUIRED

NEXT SCHEDULED EVENT:
PROBATION IN EFFECT

CUSTODY STATUS: DEFENDANT RELEASED

Exhibit D

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VIDEOTAPED DEPOSITION OF JANE ROE

LOS ANGELES, CALIFORNIA

TUESDAY, JANUARY 22, 2013

22 REPORTED BY:

23 LESLIE L. WHITE

24 CSR NO. 4148

25 JOB NO. : 56990

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1

2

3 Tuesday, January 22, 2013

4 9:33 a.m.

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7 Confidential videotaped deposition
8 of JANE ROE, held at 1800 Century Park East,
9 Suite 600, Los Angeles, California, before
10 Leslie L. White, CSR No. 4148.

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1 just don't recall what position, like it wasn't one
2 of my -- because I had during the ComForcare I had
3 just various clients.

4 So I don't recall exactly which case it
5 was that I worked on, so I can't -- I don't recall.

6 Q Do you remember a time when you were ever
7 working only at IHSS and no other employer?

8 A Yes.

9 Q So it could have been during this time
10 that you were only at IHSS and no place else?

11 A I don't -- I am not sure.

12 Q Don't know? Okay.

13 Okay, if we now look, we have touched a
14 little bit, [REDACTED], on ComForcare, and we'll
15 come back to ComForcare more later, but let me just
16 ask you a few questions for now.

17 The response to the interrogatories
18 indicates that you worked for ComForcare from
19 March 2011 to September 2011.

20 Are those dates correct?

21 A Yes.

22 Q When in March 2011 did you begin working
23 for ComForcare?

24 A I don't recall the start date.

25 Q The response also indicates that your work

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1 for ComForcare was part-time. How many hours did
2 you work?

3 A Again, it varied, depending upon the
4 clients' needs.

5 Q And as you had done with Catholic
6 Charities, can you maybe book end it for me. What
7 was the minimum, what was the maximum number of
8 hours?

9 A Okay, with ComForcare I would say minimal
10 would be three hours a day, and the max hours I
11 would get would be -- it can be a 12-hour shift.

12 Q And what about, are you able to translate
13 that on a weekly basis, excuse me -- yeah, on a
14 weekly basis how many hours?

15 A Um, at that time with ComForcare I would
16 just say it was -- because the hours were really --
17 they started -- I started off -- they started off
18 okay, but they went really bad. So I would give it
19 about 20 hours, 20 hours a week for that job.

20 Q And the response states that you were paid
21 \$10 per hour. Is that information correct?

22 A That's correct.

23 Q And the responses also state that you
24 voluntarily resigned from ComForcare for a better
25 job; is that correct?

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1 A That's correct.

2 Q You weren't fired from ComForcare?

3 A No, I was not fired.

4 Q You weren't asked to leave?

5 A No.

6 Q Did you ever receive any complaints about
7 your performance while you were at ComForcare?

8 A No.

9 Q Were you ever given a positive Performance
10 Evaluation?

11 A No.

12 Q Same thing, no Performance Evaluation;
13 right?

14 A No Performance Evaluations.

15 Q Did you have particular clients at
16 ComForcare?

17 A No, it was various clients.

18 Q And they changed from day to day, week to
19 week?

20 A Yes, they did.

21 Q And what was the "better job" that you
22 left ComForcare for?

23 A At that time when I left ComForcare I
24 didn't have any job. It was a gap in between there.
25 I was in the process of looking for another job, but

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1 I hadn't landed one yet. And I finally did get on
2 with Volunteers of America, but that was not right
3 away.

4 Q We'll take a look at that in a second, but
5 do you see in the interrogatory responses you have
6 included in the response an explanation that you
7 voluntarily resigned from ComForcare for a better
8 job?

9 A Right.

10 Q Is it your testimony that you didn't, in
11 fact, have a better job at the time you left
12 ComForcare?

13 A Yes.

14 Q So why did you leave ComForcare?

15 A I was dissatisfied with the pay. I was
16 dissatisfied with the hours I was being given, and I
17 didn't think it was beneficial anymore for me to
18 continue with that job. So that's why I voluntarily
19 left.

20 Q Even though you didn't yet have another
21 job lined up --

22 A Uh-huh, yes.

23 Q Okay. Can you refer back to -- this is
24 going to be my issue with Exhibits 2 and 3 again.

25 Exhibit 2, [REDACTED], please.

(The record was reread as follows:

"Q If the court did not reduce the charge from a felony to a misdemeanor, then reading instruction C, would you have reported the felony dismissal?")

THE WITNESS: No, because it says that if it was -- do not include convictions that were expunged.

BY MS. CARUSO:

Q And even though instruction C described a dismissal, you would not have followed instruction C?

MR. KIM: Objection as to form. It's a misleading characterization of -- what are we calling it -- instruction C.

MS. CARUSO: That's fair. I'll clean it up.

Q [REDACTED], I believe you testified that the reason you didn't report the dismissal was because of the language in A regarding expungements; is that correct?

A Yes.

Q Did you also consider the language in C regarding misdemeanor dismissals?

A No, I did not.

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1 Q Could you please turn to the next page,
2 page stamped PLTF 000051, and the section entitled
3 "Business References."

4 Do you see that, [REDACTED] ?

5 A Yes.

6 Q And this section asks you to identify
7 three references; is that correct?

8 A Yes.

9 Q Could you please read the name of
10 the first reference?

11 A Richelle [REDACTED].

12 Q Now is this the same person as the
13 Richelle [REDACTED]ies that was a co-defendant in your
14 2005 arrest?

15 A No.

16 Q It's a different Richelle?

17 A Yes.

18 Q And it's -- the correct spelling, just so
19 I read your handwriting correctly, is [REDACTED]?

20 A That's right.

21 Q And the Richelle [REDACTED]ies who was a
22 co-defendant with you in your 2005 arrest didn't go
23 by "Richelle [REDACTED]" or "[REDACTED]"?

24 A No.

25 Q Could you please read the name of

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1 the second reference.

2 A Nisha Zamora.

3 Q And who is Nisha Zamora?

4 A That was a friend that I met at one of my
5 past jobs.

6 Q Which job?

7 A Um, at one of my -- which one -- it was
8 one of my interns. I'm not exactly sure which one
9 it was, but it was at one of my internships.

10 Q And who is Richelle [REDACTED] or [REDACTED]?

11 A A friend.

12 Q Where does she live?

13 A I don't have her current address. I
14 haven't had communications with her.

15 Q Since when?

16 A Um, I can't remember the last date.

17 Q Was it more recent than this June 1st,
18 2012 application?

19 A Um, the last contact would be in reference
20 to using her as a reference here, but since this
21 application I haven't had any contact with her.

22 Q Do you know whether the phone number that
23 you provided for her is still her current phone
24 number?

25 A I don't know.

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1 Q Can you please read the name of the third
2 reference that you have listed.

3 A Jermaine Wheatley.

4 Q And who is Jermaine Wheatley?

5 A A friend.

6 Q You have him listed as a corrections
7 officer; is that correct?

8 A Yes.

9 Q Where is he a corrections officer?

10 A In the federal prisons.

11 Q How did you meet him?

12 A Through college.

13 Q Okay. Could you please turn to the next
14 page, stamped PLTF 000052. You will see that there
15 is a section entitled "Authorization."

16 Do you see that, in kind of the middle of
17 the page?

18 A Yes.

19 Q And in this "Authorization" you authorized
20 Partners in Care to perform a background check on
21 you; is that correct?

22 A Yes.

23 Q Can you please read the box that starts
24 with the phrase, "California, Minnesota and Oklahoma
25 applicants only."

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1 apologize? What was the --

2 A Yes, People's Coordinated Services.

3 Q That's the only one that you did not
4 include here?

5 A Yes.

6 Q Going back to your Declaration,
7 Exhibit 14, in the same paragraph, paragraph 6, you
8 write in the last sentence, "I have gotten so many
9 rejection letters from employers."

10 Do you see that?

11 A Yes.

12 Q Okay. If you go back to Exhibit 4, the
13 interrogatory responses, the same place we were just
14 looking, can you please look at the list again and
15 identify any employer, other than Kedrin Mental
16 Health, that you indicate rejected you for
17 employment?

18 A Can I list any other jobs that denied me
19 employment was the question, I'm sorry?

20 Q Yes. If you look at this list --

21 A Uh-huh.

22 Q -- that you provided in response to our
23 interrogatory, are there any prospective employers
24 that you have identified, other than Kedrin Mental
25 Health, that denied you employment?

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1 A No.

2 Q Were there, in fact, others?

3 A No. Outside of the comments that was made
4 in that interview at People's Coordinated Services,
5 that was verbally done, but I didn't have any other
6 letters.

7 Q Okay. Going back now to your Declaration,
8 that same sentence, it ended with:

9 "I have gotten so many rejection
10 letters from employers that I have
11 created a journal to help me deal
12 with my frustration."

13 Do you see that?

14 A Yes.

15 Q What did the journal consist of?

16 A Actually, the journal, it wasn't
17 specifically a journal which I was writing. It was
18 more like a file log. Just poor choice of words, I
19 stated as a "journal."

20 But it was basically letters that I would
21 receive after I would submit an application, and
22 like Kedrin, they would send me back a letter
23 denying me employment. I was trying to keep up with
24 the letters. So it was more like a file log, not
25 really an actual journal book.

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1 Q When you say a "file log," did you write
2 in the file log?

3 A No, I would just place the letters into
4 this -- like a manila folder, place the letters into
5 that when I would receive them. That was it.

6 Q What else was in this manila folder, other
7 than rejection letters?

8 A That was -- in that particular folder that
9 was it, just the letters that I would receive.

10 Q And so it would have been from People's?

11 A Yeah -- actually, no, People's did not
12 send me a letter. That was just a bad, um,
13 interview. That was one of my worst interviews that
14 I have ever had, um. And that's why I shared that
15 experience because it was just so bad for me.

16 But rejection letters were the Kedrin, and
17 I can't think of others at the moment, but just a
18 lot of barriers for me due to the fact that I had my
19 background in my job search, but I can't recall
20 others at the moment.

21 Q You can't recall a letter other than
22 Kedrin?

23 A Right.

24 Q If you didn't write in the log why did you
25 call it a journal?

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1 A Basically because it kept track of written
2 documents for me, and I just referred to it as a
3 journal at that time.

4 Q And if what it consisted of was a
5 collection of rejection letters and nothing more, no
6 writing on your part, how did that help you deal
7 with your frustration?

8 A For me it was just a part of my triumph,
9 you know, because I knew that eventually I would get
10 an acceptance letter, and that would be -- just to
11 show myself that I didn't give up.

12 You know, looking at those letters, just
13 was a form for me, just to keep going. And then
14 once I did receive an acceptance letter, I could
15 look back and see all the denial letters, I got, but
16 look where I ended up. So I just saved them for
17 that reason.

18 Q How many denial letters were there?

19 A Um, they were from different caregiving
20 jobs. Like the caregiving one that I got from
21 BrightStar was in there, Kedrin was there.

22 If I had like an interview and I did
23 complete an application, and they would send me back
24 a letter, I would save those letters. But I can't
25 remember all of the different agencies that I had

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1 because it was caregiver jobs, social work jobs. It
2 was just too many.

3 Q And as you sit here the only ones you
4 remember are Kedrin, People's and BrightStar?

5 A Yes.

6 Q Where is the journal now?

7 A The journal was damaged. I don't have it
8 any longer -- well, the file log. I'll refer to it
9 as a "file log" rather than "journal." Poor choice
10 of words.

11 The file log was damaged when my flood
12 incident happened in my home. So I no longer have
13 it, the letters.

14 Q And you testified earlier, I believe, that
15 the home plumbing accident, best you can put your
16 finger on it happened sometime in the spring or
17 summer of 2012; is that correct?

18 A That's correct.

19 Q So this Declaration you wrote or you
20 signed after that home plumbing accident; is that
21 correct?

22 A Right.

23 Q And yet you write, "I have created a
24 journal to help me deal with my frustration,"
25 present tense.

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1 If the journal were already gone, why
2 didn't you write, "I had created a journal"?

3 A I don't know. Just poor choice of words.

4 Q In paragraph 7 you discuss certain
5 counseling and other services you received from A
6 New Way of Life Reentry Project.

7 Can you please read that paragraph out
8 loud.

9 A (Reading):

10 "I have received counseling
11 services and legal advice from A
12 New Way of Life Reentry Project.

13 In 2010 I attended two workshops
14 given by The Reentry Project that
15 explained what I could do to have
16 my criminal record expunged under
17 California law. The process was
18 not easy. I had to make several
19 trips to different courthouses to
20 obtain copies of all the relevant
21 records, meet several times with my
22 attorneys, submit Declarations and
23 forms and appear at a hearing.

24 Finally in June 2011 the Court
25 approved my application and issued

1 an expungement order."

2 Q Thank you.

3 So you stated there that in the process of
4 having your record expunged you met several times
5 with your attorneys.

6 How many meetings did you have?

7 A I can't recall the exact number of times
8 that I met with the attorneys.

9 Q More than once?

10 A It was more than once.

11 Q More than five times?

12 A I don't recall to give it an end point,
13 but there were numerous times.

14 Q You also stated that you had to submit
15 Declarations and forms; correct?

16 A Right.

17 Q So if we refer back to Exhibit 8 -- I'm
18 sorry, yes -- Exhibit 8, am I correct?

19 MS. ELBERT: Yes, Exhibit 8.

20 BY MS. CARUSO:

21 Q We looked at this form and your
22 Declaration in connection with this form earlier.

23 Did you submit any other Declaration in
24 connection with having your record expunged, other
25 than this one?

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1 A No.

2 Q Going back to your Declaration and
3 paragraph 7, which you read aloud, you said that you
4 had to appear at a hearing; correct?

5 A Yes.

6 Q You testified earlier that you were not
7 present at the hearing on your Petition for
8 Dismissal; correct?

9 A Yes.

10 Q So this is not correct that you had to
11 appear at a hearing, is it?

12 A That's not correct.

13 Q In paragraph 11 you explain that you're
14 seeking to appear at a case management conference in
15 this case by telephone instead of in person; is that
16 correct?

17 A Yes.

18 Q Can you please read paragraph 14 out loud.

19 A (Reading):

20 "I am currently working full time,
21 and I am also caring for my elderly
22 mother who is ill and requires my
23 daily attention. In addition, I am
24 obligated to pick up my sister's
25 young children when they get out

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1 from school. My sister is a single
2 mother who works full time and does
3 not have the means to arrange for
4 other methods of ensuring her
5 children's safe transportation from
6 school."

7 Q How many hours per week are you caring for
8 your mother?

9 MR. FOK: Objection. Not calculated to lead to
10 discoverable evidence.

11 MS. CARUSO: An improper objection during a
12 deposition.

13 MR. FOK: Same objection.

14 BY MS. CARUSO:

15 Q You can answer the question.

16 A I couldn't give that amount of hours. I
17 don't have a schedule with my mother. That's an
18 ongoing process, so there is no limit. There is no
19 cutoff time. It is 24/7.

20 Q It is 24/7?

21 A Uh-huh.

22 Q You spend time every day caring for your
23 mother?

24 A Yes, I do.

25 Q You also explain in this Declaration to

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1 relevance. I made the objection as to whether it
2 was discover- -- reasonably calculated to lead to
3 discoverable evidence, which it was not.

4 MS. CARUSO: Equally improper.

5 There is a pending question. Court
6 reporter, could you please read it back.

7 (The record was read as follows:

8 "Q Which children are you
9 talking about picking up from
10 school?

11 "A The twins who are four years
12 old.

13 "Q Is it a kindergarten?")

14 THE WITNESS: Yes.

15 BY MS. CARUSO:

16 Q And what time do you pick them up from
17 school?

18 A It ranges from like 4:30, but I can get
19 them as late as 5 o'clock.

20 Q From kindergarten you can pick them up as
21 late as 5:00 p.m.?

22 A Yeah, it's actually a kinder program, but
23 it is a -- how would you state that? It's a early
24 Head Start program, and they are open until 5:00.

25 So the kids can be there from 8:00 a.m.,

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1 no later than 5:00 p.m.

2 Q So do you pick them up when you are done
3 with work for the day?

4 A Yes, so you typically --

5 MR. FOK: Same objections.

6 BY MS. CARUSO:

7 Q You can answer.

8 A Typically, once I'm leaving work at 4:30 I
9 would go to pick the twins up.

10 Q What is the name of their school?

11 A Um --

12 MR. FOK: Same objection.

13 BY MS. CARUSO:

14 Q You can answer.

15 A St. Andrew's Place Children's Center. I'm
16 sorry, 36th Street. Goodness.

17 36th Street Child Care Center, but it is
18 on St. Andrew's.

19 BY MS. CARUSO:

20 Q Ms. [REDACTED], can you please read
21 paragraph 15 out loud.

22 A (Reading):

23 "I make less than \$25,000 a year, a
24 substantial portion of which is
25 used to care for mother. I have

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1 limited vacation and leave time.
2 Accordingly, it would be a serious
3 personal financial hardship for me
4 to pay to fly, to stay overnight in
5 Ohio for the court's case
6 management conference. I will,
7 however, be available to
8 participate in the conference by
9 telephone."

10 Q Isn't it true, [REDACTED], that since
11 October 1st, 2012 you have been making \$50,000 a
12 year?

13 MR. FOK: Same objection.

14 BY MS. CARUSO:

15 Q You can answer.

16 A Yes, that's an error, with the amount.

17 Q You testified that you reviewed this
18 document before it was submitted to the court; is
19 that correct?

20 A Yes.

21 Q And you declared under penalty of perjury
22 that the information in it is true and correct; is
23 that correct?

24 A That's correct.

25 Q And you weren't able to catch the fact

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1 that your income was misrepresented by 50 percent?

2 MR. FOK: Objection. Argumentative. Vague.

3 Ambiguous.

4 BY MS. CARUSO:

5 Q You can answer.

6 A I did not catch that.

7 Q And isn't it true that even prior to your
8 current position your salary with your previous
9 employer was \$38,000 per year?

10 A That's correct.

11 Q Do you have any idea how this number of
12 less than \$25,000 a year got into your Declaration?

13 MR. FOK: Objection. Asked and answered.

14 MS. CARUSO: It's a different question.

15 Q You can answer.

16 MR. FOK: Same question.

17 THE WITNESS: I don't know.

18 BY MS. CARUSO:

19 Q But it is wrong?

20 A That's correct.

21 MS. CARUSO: Give us one minute to caucus. We
22 may be done.

23 THE VIDEOGRAPHER: Off the record.

24 The time is 3:36.

25 (A discussion was held off the record.)

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1 THE VIDEOGRAPHER: Back on the record.

2 The time is 3:38.

3 MS. CARUSO: Thank you.

4 We don't have any further questions for
5 [REDACTED].

6 Thank you for your time today. We
7 appreciate it.

8 Counsel, thank you for your time.

9 Court reporter, videographer, many thanks.

10 MR. KIM: Thank you especially for having that
11 rushed lunch.

12 THE REPORTER: My pleasure.

13 MR. KIM: You're the one who had it.

14 THE VIDEOGRAPHER: This concludes today's
15 deposition. We're off the record.

16 The time is 3:39.

17 (The deposition was concluded
18 at 3:39 p.m.)

19 * * *

20

21

22

23

24

25

Exhibit E

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO

4 JANE ROE, individually and on)
behalf of all others similarly)
5 situated,)
)
6 Plaintiffs,)
)
7 vs.) No. 1:12-cv-02288-JG
) Pages 1 - 67
8 INTELLICORP RECORDS, INC., an)
Ohio corporation and DOES)
9 1-50, inclusive,)
)
10 Defendants.)
)

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VIDEOTAPED DEPOSITION OF MIYOSHI LaFOURCHE
LOS ANGELES, CALIFORNIA
MONDAY, FEBRUARY 4, 2013

REPORTED BY:

LESLIE L. WHITE

CSR NO. 4148

JOB NO.: 56991

Confidential - Pursuant to Protective Order

Page 2

1

2

3 MONDAY, February 4, 2013

4 1:24 p.m.

5

6

7 Confidential videotaped deposition
8 of MIYOSHI LaFOURCHE, held at 1800 Century
9 Park East, Suite 600, Los Angeles,
10 California, before Leslie L. White, CSR
11 No. 4148.

12

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1 "Unprocessed" because it just means, to me, that it
2 hasn't been completed.

3 Q So generally you would wait for it to be
4 complete before you would make a decision?

5 A Absolutely.

6 Q So then if you look at the letter which I
7 believe is Exhibit 19, the letter that you sent to
8 the plaintiff, with the BrightStar letterhead on the
9 top.

10 A Uh-huh.

11 Q I think maybe it's on your paper stack on
12 the right.

13 A The BrightStar letter?

14 Q Yeah.

15 A Okay.

16 Q There you go.

17 A Uh-huh.

18 Q Is that Exhibit 19?

19 A Yes.

20 Q If you take a look at that and you see, as
21 Mr. Schreiber pointed out, that this letter appears
22 to be dated the same date as the printed criminal
23 background check form that we looked at.

24 A Right.

25 Q So based on the fact that these were done

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1 in the same day --

2 A Uh-huh.

3 Q -- and as you just testified you don't
4 generally make employment decisions on an in-process
5 report, would that lead you to conclude one way or
6 another as to whether this applicant was rejected as
7 result of the report or as a result of something
8 else?

9 A That's kind of hard to say. One, you
10 know, whoever ran the report, you know -- two things
11 stand out for me, and that's why say that I don't
12 know, I can't say that it was me because two things:
13 One, the time, and the other thing is that it is
14 "Unprocessed."

15 I know there was two of us in the office
16 running the reports, you know, so that is a concern
17 of mine.

18 The other thing is that, um, if I
19 interviewed someone and, you know, we were
20 questioning, there was a question about their
21 background, and I had 10 people there that
22 afternoon, and I really liked them, and I hadn't had
23 time, Claudine could have processed those documents
24 by running the backgrounds --

25 Q Uh-huh.

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1 A -- and then at that point, at the end of
2 the day, you know, which, you know, I don't know
3 what time this was, but we could have said -- this
4 could have been -- this letter could have even been
5 before the background was even processed that we
6 decided that we weren't interested in her.

7 Q And that, I presume, would have been on
8 the basis of something other than the background
9 report?

10 A Absolutely.

11 Q Okay.

12 A It could have been skill set, it could
13 have been how that person interviewed. You know,
14 candidates come in, and they come in, you know, you
15 tell them up front: We need you to come in with
16 your scrubs on. You know, we need to be well
17 groomed, you're going to be interviewed. We take
18 the time to initiate that conversation before we ask
19 them to come in for interviews.

20 If they don't follow instructions, and if
21 they come in looking like they have been on the
22 street, well, then that -- or they have been playing
23 basketball, well, then they are not following
24 instructions.

25 So in a case like that, you know, again, I

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1 would venture to say that it would be other than the
2 background would be the reason why we declined her.

3 Q Okay, great. If you can turn back to the
4 Authorization Form --

5 A Uh-huh.

6 Q -- which I think is maybe Exhibit 17.

7 A Uh-huh, yes.

8 Q You mentioned before that there is either
9 another page to this or a different version of this
10 form where the candidate can check a box indicating
11 that they want to receive a copy of the report.

12 A That's correct.

13 Q If they do check "Yes," what happens?

14 A You know, I don't know.

15 Q Yeah.

16 A I really can't say. Like I said, in some
17 companies that I have worked for, they typically
18 would get a report from the company who ran the
19 background, if they requested a copy, and
20 automatically sent -- I have actually done that. I
21 worked at Toyota, and I wanted to see what my report
22 looked like, I checked that box, and they mailed me
23 a report from the company. Don't know what happens
24 here.

25 Q Okay.

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1 A And I know that there is an authorization,
2 and there was a little area with a little box that
3 you could check if you'd like to have a copy of your
4 report sent.

5 Q Do you know if that page or that version
6 of the form that included a check where you could
7 mark that you wanted a copy of the report --

8 A Uh-huh.

9 Q -- do you know whether that form was ever
10 sent to IntelliCorp?

11 A Um, you know what, I can't say for sure.
12 But typically I thought that the process was that we
13 would fax IntelliCorp -- we would put this
14 information and fax the authorization in that form
15 with it.

16 Q Okay.

17 A Yeah.

18 Q And who generally would be responsible for
19 faxing those forms to IntelliCorp?

20 A It would be Claudine.

21 Q Did you ever fax those forms to
22 IntelliCorp? Do you recall?

23 A I think I did. Yeah, I recall -- if I did
24 any backgrounds, whoever ran the background, I think
25 there was a Fax Cover Sheet, and the authorization

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1 had to go with the documents.

2 Q Okay.

3 A To IntelliCorp.

4 Q Okay.

5 MR. SCHREIBER: Just we have one quick
6 question. For real.

7

8 FURTHER EXAMINATION

9 BY MR. SCHREIBER:

10 Q The letter that was sent out on
11 October 20th --

12 A Uh-huh.

13 Q -- just to be clear, you said that it is
14 possible that the letter could have been sent
15 before -- before the background check was run.

16 A The letter could have been -- well, it
17 could have been sent kind of like simultaneously.
18 Because what happens is when we would have
19 interviewed her, I would have -- if something
20 happened in the interview process, if I had passed
21 the paperwork over to Claudine, and she ran the
22 background I could have also at the same time said,
23 "I am not interested, and here's why," and the
24 report could have been run at the same time that I
25 sent the letter out, so same day.

Exhibit F

Application/Record Form

Applicant Name:

Middle Initial:

Nickname:

Social Security #:

Address:

City:

State:

Zip:

Address paycheck should be sent to (if different)

Address:

City:

State:

Zip:

E-mail:

Primary Phone #:

Type of Phone:

Secondary Phone #:

() - - ext.)

Type of Phone:

() - -)

Other Phone #:

() - - ext.)

Type of Phone:

() - -)

Other Phone #:

() - - ext.)

Type of Phone:

() - -)

Emergency Contact:

Richelle -ies

Emergency Contact #:

(323) - 574 - 4923

Emergency Instructions:

()

Years of Experience:

year(s) ()

Specialized Experience:

() Mental Health

Position Type:(Please select only those you are qualified for AND interested in):

<input type="checkbox"/> ADMIN	<input type="checkbox"/> Cardiovascular Tech
<input type="checkbox"/> Case Manager/Utilization Review Mgr	<input type="checkbox"/> Certified CG
<input checked="" type="checkbox"/> Caregiver	<input type="checkbox"/> Caregiver 1
<input type="checkbox"/> Caregiver 2	<input type="checkbox"/> Home Health Aide - Certified
<input type="checkbox"/> CM/URM	<input type="checkbox"/> CNA
<input type="checkbox"/> CNA 2	<input type="checkbox"/> CNA 3
<input type="checkbox"/> Clinical Research Nurse	<input type="checkbox"/> Dental Assistant
<input type="checkbox"/> Dietician/Nutritionist	<input type="checkbox"/> General ECHO/Cath Lab
EKG	<input type="checkbox"/> EMT

Geyen
 EXHIBIT NO. 16
 2/4/13
 L. White

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Home Health Aide
<input type="checkbox"/>	HMKR
<input type="checkbox"/>	Medical Biller
<input type="checkbox"/>	LPN
<input type="checkbox"/>	MA
<input type="checkbox"/>	Medical Aide
<input type="checkbox"/>	Medical Lab Tech
<input type="checkbox"/>	MRI Tech
<input type="checkbox"/>	MT
<input type="checkbox"/>	Occupational Therapist
<input type="checkbox"/>	Physician Assistant
<input type="checkbox"/>	PCS
<input type="checkbox"/>	Phlebotomist
<input type="checkbox"/>	Physical Therapist Assistant
<input type="checkbox"/>	RN
<input type="checkbox"/>	RN Recertification
<input type="checkbox"/>	Respiratory Therapist
<input type="checkbox"/>	Pharmacist
<input type="checkbox"/>	Sonography/Ultrasound Tech
<input type="checkbox"/>	Speech Therapist Assistant
<input type="checkbox"/>	Surgical Tech
<input type="checkbox"/>	X-Ray Tech
<input type="checkbox"/>	Histologic Tech
<input type="checkbox"/>	INHMRSPT
<input type="checkbox"/>	Licensed Massage Therapist
<input type="checkbox"/>	LVN
<input type="checkbox"/>	Mammographer
<input type="checkbox"/>	Medication Reminder
<input type="checkbox"/>	Medical Receptionist
<input type="checkbox"/>	Medical Social Worker
<input type="checkbox"/>	Occupational Health Nurse
<input type="checkbox"/>	Occupational Therapist Assistant
<input type="checkbox"/>	PCA
<input type="checkbox"/>	Patient Care Tech
<input type="checkbox"/>	Physical Therapist
<input type="checkbox"/>	Radiology Tech
<input type="checkbox"/>	RN-IN-HOME-INFUSION
<input type="checkbox"/>	Radiation Therapist
<input type="checkbox"/>	Respiratory Therapist Tech
<input type="checkbox"/>	Pharmacy Tech
<input type="checkbox"/>	Speech Therapist
<input type="checkbox"/>	STNA
<input type="checkbox"/>	Medical Transcriptionist

Other (type position in box): **Availability**Select Days and Shifts you are available to work:

<input type="checkbox"/>	Sunday 7-3	<input type="checkbox"/>	Sunday 3-11	<input type="checkbox"/>	Sunday 11-7	<input type="checkbox"/>	Sunday Any
<input type="checkbox"/>	Monday 7-3	<input type="checkbox"/>	Monday 3-11	<input type="checkbox"/>	Monday 11-7	<input type="checkbox"/>	Monday Any
<input type="checkbox"/>	Tuesday 7-3	<input type="checkbox"/>	Tuesday 3-11	<input type="checkbox"/>	Tuesday 11-7	<input type="checkbox"/>	Tuesday Any
<input type="checkbox"/>	Wednesday 7-3	<input type="checkbox"/>	Wednesday 3-11	<input type="checkbox"/>	Wednesday 11-7	<input type="checkbox"/>	Wednesday Any
<input type="checkbox"/>	Thursday 7-3	<input type="checkbox"/>	Thursday 3-11	<input type="checkbox"/>	Thursday 11-7	<input type="checkbox"/>	Thursday Any
<input type="checkbox"/>	Friday 7-3	<input type="checkbox"/>	Friday 3-11	<input type="checkbox"/>	Friday 11-7	<input type="checkbox"/>	Friday Any
<input type="checkbox"/>	Saturday 7-3	<input type="checkbox"/>	Saturday 3-11	<input type="checkbox"/>	Saturday 11-7	<input type="checkbox"/>	Saturday Any

If you are a looking for live-in work, please select your availability from here:

Live-In Availability: Any M-F Weekend Only Other

Ideally, how many shifts per week would you like to work?

Number of Shifts:

Please choose a username and password so you can log on to our site in the future.

Username:**Password(Must be at least 6 characters):****Are you willing and able to lift at least 50 lbs. if your job requires it?** Yes

No**How did you hear about BrightStar?** Referral

Ask about the referral bonus for m.

 Newspaper Website Other

Please answer the following by checking the appropriate box:

Are you willing and able to work 12 hour shifts: Yes NoAre you willing and able to work double shifts: Yes No**Are you at least 18 years of age:** Yes NoAre you legally authorized to work in the U.S.: Yes NoAre you Bi-Lingual: Yes NoIf Bi-Lingual (Please use box to indicate additional languages):
Are you willing to take a pre-employment Drug Test: Yes NoHave you ever been convicted of a crime? Yes No

If ever convicted, please give details including City, State, and Date.

(NOTE: Based on Illinois State Law, applicants are not required to disclose sealed or expunged conviction or arrest records)

Ideally what type of work are you looking for:

 Agency Perm Temp to Perm Visits**How far are you willing to travel?** Would you be interested in traveling out of the area for 4- week to 13-week contracts? Yes No**Transportation** _____**Please select type of Transportation you would rely on for work purposes :** Car Public TransportationDriver's License (or State ID) #

Driver's License State:

Expiration Date(mm/dd/yyyy):

Insurance Carrier:

Policy #:

Expiration Date(mm/dd/yyyy):

Are you willing and able to drive patients: Yes No

Select Highest Level of Education:

High School / GED
 Associates
 Bachelor
 Masters
 Other

Name of Highest School Attended:

State:

Degrees Received:

Military Service _____

Were you in the U.S. Armed Forces?:

Yes
 No

If Yes, what Branch?

Dates of Duty?

From (yyyy):

To (yyyy):

Rank at separation?

Briefly describe your duties:

Have you or a member of your immediate family qualified for or received local, state or federal aid and or/benefits in the past 3 years?

Yes
 No

Licenses and Certifications _____

State

Licenses

Expires (mm/yyyy)

1	/1900

Certifications

Expires (mm/yyyy)

ACLS Certification

BLS Certification

CPR Certification

1	/1900

PALS (NICU) Certification

Trauma Certification

OR Certification

CC Certification

OCN Certification

Please list the last date you had the following (mm/yyyy):

TB Skin Test or Chest X-Ray:

1 /1900

How long is your tb test good for?

 1 Year 2 Years

Physical:

1 /1900

BBP Training:

HEP B Shot:

Employment History

List current or most recent first

May we contact your current employer?

 Yes No

Have/Did you work for this employer for more than 2 years?

 Yes No**Employer:**

Address:

City:

State:

Zip:

--

Phone #:

	-		-	
--	---	--	---	--

Job Title & Duties:

Job Title & Duties:

Start Date(mm/yyyy)

Start Date(mm/yyyy)

Starting Pay rate

Starting Pay rate

End Date(mm/yyyy)

End Date(mm/yyyy)

Ending Pay rate

Ending Pay rate

Reason For Leaving:

Reason For Leaving:

Supervisor:

Supervisor:

Contact info and best time to reach

Contact info and best time to reach

Employer #2

Have/Did you work for this employer for more than 2 years?

 Yes No

Employer:

Employer:

Address:

Address:

City:

City:

State:

State:

Zip:

Zip:

Phone #:

() - -

Job Title & Duties:

Job Title & Duties:

Start Date(mm/yyyy)

Start Date(mm/yyyy)

Starting Pay rate

Starting Pay rate

End Date(mm/yyyy)

End Date(mm/yyyy)

Ending Pay rate

Ending Pay rate

Reason For Leaving:

Reason For Leaving:

Supervisor:

Supervisor:

Contact info and best time to reach

Contact info and best time to reach

Employer #3

Employer:

Employer:

Address:

Address:

City:

City:

State:

Zip: Phone #: - - Job Title & Duties: Start Date(mm/yyyy) Starting Pay rate End Date(mm/yyyy) Ending Pay rate Reason For Leaving: Supervisor: Contact info and best time to reach References**Please List 3 Professional References**

If you have worked or you did work for your most current employer for 2 or more years, and you indicated that in the above question, then you do not have to enter any more references. If you would like to enter more references you may do so, but they must be professional references and not friends or family. If you have not worked for your most current employer for 2 or more years, then 3 professional references are required.

Reference #1

Name: Work Location: Job Title: Address: City: State: Zip: Phone #: Contact info and best time to reach:

Reference #2

Name: Work Location: Job Title:

Phone #:

Address:

City:

State:

Zip:

Contact info and best time to reach:

Reference #3

Name:

Work Location:

Job Title:

Phone #:

Address:

City:

State:

Zip:

Contact info and best time to reach:

Experience:

Hospice:	<input checked="" type="radio"/> Yes <input type="radio"/> No	School Nursing:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Injections:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Records:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Blood Pressures:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Medical Billing:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Urinalysis:	<input checked="" type="radio"/> Yes <input type="radio"/> No	IVS:	<input checked="" type="radio"/> Yes <input type="radio"/> No
EKGs:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vital Signs:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Assist Major Surg:	<input checked="" type="radio"/> Yes <input type="radio"/> No	CPT Codes:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Assist Minor Surg:	<input checked="" type="radio"/> Yes <input type="radio"/> No	ICD9 Codes:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Audiometer:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Pulmonary Function:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Visual Exam:	<input checked="" type="radio"/> Yes <input type="radio"/> No	OSHA Log:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Physical Assessments:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Scheduling:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other: <input type="text"/>			

Please list any other info you think would be helpful to us in considering you for employment, such as organizations, activities, accomplishments, computer skills, etc. Exclude all information indicative of race, color, religion, gender, sexual orientation, ancestry, national origin, age, marital status, disability, handicap or genetics.

Customer Preference:(Please select only those that you are qualified for AND interested in)

Addiction Treatment Programs/Psych	<input type="checkbox"/>
Doctors Office/Clinic	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Industry	<input type="checkbox"/>
Lab	<input type="checkbox"/>
Live-In	<input type="checkbox"/>
Nursing Home	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>
Private Duty/Assisted Living	<input type="checkbox"/>
School	<input type="checkbox"/>

Areas of Expertise/Specialty(Please select only those that you are qualified for AND interested in)

Childcare/Nanny	<input type="checkbox"/>
Detoxification	<input type="checkbox"/>
Dialysis	<input type="checkbox"/>
Emergency Room	<input type="checkbox"/>
Geriatrics	<input type="checkbox"/>
Home Health	<input type="checkbox"/>
ICU/CCU	<input type="checkbox"/>
Labor and Delivery	<input type="checkbox"/>
Medical/Surgical	<input type="checkbox"/>
Neonatal ICU	<input type="checkbox"/>
OB Post Partum	<input type="checkbox"/>
Oncology	<input type="checkbox"/>
Operating Room	<input type="checkbox"/>
Pediatrics	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>
Recovery Room	<input type="checkbox"/>
Telemetry	<input type="checkbox"/>

Is your preference to be paid as an employee or an independent contractor?(See Below)

(Independent contractors are responsible for their own professional and liability insurance, as well as workers' compensation insurance. Independent contractors are ineligible for benefits and are responsible for the handling of their own taxes.)

Independent Contractor Employee

If you select Independent Contractor, you must complete either question 1 or question 2 in its entirety in order to be eligible for status as an independent contractor. To qualify as an independent contractor, you must meet the following requirements:

(1) Be Incorporated to do business to render healthcare services and provide your federal identification number (FEIN) number below. An FEIN is different from a social security number and is issued by the IRS and follows the format of xx-xxxxxx.

Are You Incorporated?

Yes No

FEIN Number:

(2) Meet all of the following criteria. By checking the boxes below you certify that each of the items is correct. You will be asked to initial and sign a separate document for our records.

- (a) Maintain your own professional and general liability insurance policy
- (b) Maintain workers' compensation insurance
- (c) Certify that you have multiple clients for which you render services
- (d) Have business cards available for your business
- (e) File Schedule C of your tax return for your business activities

If hired, we give our employees the option of deciding whether they need benefits or prefer to have the opportunity to earn more money per hour because they don't need benefits. Rates are quoted on with or without benefits basis. Without benefit rates are approximately \$1-3 per hour higher. Benefits include vacation, holiday, sign-on bonus and medical insurance. All employees are eligible for the quarterly bonuses and referral bonuses.

Are you seeking benefits?

Yes No

Desired Compensation per hour:

Minimum Compensation per hour:

What do you like most about where you are working now?

Are there any past situations you would like to avoid in future assignments?

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I certify that all information on this application and any other material provided by me are true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize this Company or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those named on accompanying resume, if

any). I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. In doing so, I hereby release them and BrightStar Healthcare and its agents from all liability which may flow from the release of such information.

I understand that if I am hired my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that BrightStar Healthcare will similarly enjoy the right to terminate my employment, at any time, with or without cause. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of the company. I further acknowledge that I am expected to abide by all Company rules, regulations, and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

Date: 10/20/2011 Applicant Signature [REDACTED]

I [REDACTED] am available to do live in 24hr care on weekends, I am am to do hourly shift fill ins Mon-Fri [REDACTED]

Exhibit G



APPLICATION FOR EMPLOYMENT

Name of Administaff Client Company (if applicable and known) Partners in CareHow did you hear about the position for which you are applying? On-line

As part of the application process, Administaff may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —			Today's Date <u>06-01-2012</u>
First Name _____ MI _____ Last Name _____			Last 4 Digits of Social Security Number _____
Current Mailing Address _____			How long at current address? <u>10 years</u>
City _____		County _____	State _____ ZIP Code _____
Daytime Telephone _____	Home Telephone _____	E-mail Address _____	
Position for which you are applying <u>Part time Care Manager</u>		Date available for work <u>Immediately</u>	What is your minimum salary requirement? <u>\$42,000</u>
Check the following options you would consider <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary If part-time, specify hours and days available <u>Mondays - Fridays 8am-5pm</u>			
Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work at Administaff or the Client Company to which you have applied (e.g., non-compete, confidentiality, non-disclosure)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, explain and provide a copy of such agreement.			

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School	<u>Manual Arts</u>	<u>L.A. CA</u>	<u>H.S. Diploma</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED	<u>N/A</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Colleges*	<u>Cal State L.A.</u>	<u>L.A. CA</u>	<u>BSN/Social Work</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School	<u>Cal State L.A.</u>	<u>L.A. CA</u>	<u>MSW/Social Work</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Trade School	<u>N/A</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No

* Only list colleges or universities accredited by the Department of Education (DOE). The DOE maintains a database of accredited institutions at <http://ope.ed.gov/accreditation>. It is your responsibility to verify accreditation.

List course work undertaken or degree/diploma received from an unaccredited college, as well as any other education, training, special skills or certificates/licenses that you possess related to the job.

Professional License/Certification # <u>N/A</u>	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating.

Microsoft in all Microsoft Applications.

List any languages that you speak fluently

English

List any languages that you read/write fluently

English

If you are applying for a position which involves driving a motor vehicle in the course and scope of the employment duties, please indicate whether you have a valid driver's license in this state.

Yes No



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10007 Page 1 of 4 (Rev. 10-01-08)

Deft's
 EXHIBIT NO. 10
 1/22/13
 L. White

CONFIDENTIAL- Subject to Protective Order
 PLTF 000048

GENERAL INFORMATION

APPLICANT NAME [REDACTED]

Can you, after employment, submit verification of your legal right to work in the United States?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are you 16 years old or over?
Were you previously employed by Administaff and/or the Administaff Client Company to which you are applying?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Can you perform the essential functions of the job?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Age <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input checked="" type="checkbox"/> 18 or over
		If Yes, give dates: From: (month/year) To: (month/year)
		List any relatives working for Administaff N/A

EMPLOYMENT HISTORY (List all work experience beginning with the present or most recent job. Use back of application, if necessary.)

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business	
	Address	Title	State	ZIP Code
FIRST RECENT JOB HELD	Volunteers of America	El Monte	Non-Profit	
	4501 Santa Anita	Program Mgr	CA	91731
	Name and Title of Supervisor	Telephone Number		
	Enila Evans, Program Director	323-252-1302		
	May We Contact?	Employed From (month/year)	Employed To (month/year)	Type of Employment
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11/2011	Current	<input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Full-Time
	Brief Description of Duties		Reason for Leaving	
	Biographical Assessments, Group Counseling, Referrals		N/A	
	Name of Employer	Type of Business		
	Catholic Charities	Non-Profit		
	Address	City	State	ZIP Code
	4322 San Fernando Rd.	Glendale	CA	91204
	Title	Telephone Number		
	Case Manager	818-808-9958		
	Name and Title of Supervisor	Type of Employment		
	Janet Harrington, MSW, LCSW	<input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact?	Employed From (month/year)	Employed To (month/year)	Last Salary
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10/2009	11/2011	\$ 2,500 monthly
	Brief Description of Duties		Reason for Leaving	
	Assessments, crisis intervention, counseling		Part-Time	
	Name of Employer	Type of Business		
	Prototypes I-CAN	Mental Health Services		
	Address	City	State	ZIP Code
	1100 Valley Mall,	El Monte	CA	91731
	Title	Telephone Number		
	Clinician	626-442-0710		
	Name and Title of Supervisor	Type of Employment		
	Sonnie Campbell, LCSW	<input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact?	Employed From (month/year)	Employed To (month/year)	Last Salary
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/2008	09/2009	\$ Standard \$2,900
	Brief Description of Duties		Reason for Leaving	
	Care plan, referrals, assessments, counseling		Part-Time	
	Name of Employer	Type of Business		
	Urgent Women's Center	Non-Profit		
	Address	City	State	ZIP Code
	325 S. Los Angeles St.	Los Angeles	CA	90013
	Title	Telephone Number		
	Counselor	(310) 680-0600		
	Name and Title of Supervisor	Type of Employment		
	Lisa Watson	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
	May We Contact?	Employed From (month/year)	Employed To (month/year)	Last Salary
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	09/2008	08/2009	\$ 3,000
	Brief Description of Duties		Reason for Leaving	
	Counseling, Assessments, Referrals, Groups		Part-Time	

ADDITIONAL INFORMATION

APPLICANT NAME

PREVIOUS EMPLOYMENT	Name of Employer <i>Devish Vocation Services</i>		Type of Business <i>Employment Services</i>
	Address <i>3757 Wilshire Blvd</i>		City <i>Los Angeles</i>
	Title <i>Employment Counselor</i>		State <i>CA</i>
	Name and Title of Supervisor <i>Chris Tengsuthi</i>		ZIP Code <i>90036</i>
	May We Contact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Employed From (month/year) <i>01/007</i>
	Employed To (month/year) <i>09/12/008</i>		Telephone Number <i>(323) 904-4900</i>
	Brief Description of Duties <i>Employment Consulting, referrals, interviews.</i>		Type of Employment <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
	Name of Employer <i>NIR</i>		Last Salary <i>\$ 1500</i>
	Address		City
	Title		State ZIP Code
Name and Title of Supervisor		Telephone Number <i>()</i>	
May We Contact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Employed From (month/year)	
Employed To (month/year)		Type of Employment <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Full-Time	
Brief Description of Duties		Last Salary <i>\$</i>	
		Reason for Leaving <i>Hot - Time</i>	

CRIMINAL RECORD INFORMATION (Instructions: for answering the next two questions below):

A. All Applicants. Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or deferred and withdrawn.

B. District of Columbia, Illinois, and Rhode Island Applicants. Do not respond to the second question (regarding pending charges).

C. California Applicants. Do not include: a misdemeanor conviction for possession or transportation of a small amount of marijuana (28.5 grams or less) if the conviction is more than two (2) years old; participation in any pretrial or post trial diversion program for drug or alcohol rehabilitation; or a misdemeanor conviction for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.

D. Colorado Applicants. Exclude information involving any record of civil or military disobedience unless such matters resulted in a plea of guilty or a conviction by a court of competent jurisdiction.

E. Connecticut Applicants. You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are: records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs; an adjudication as a youthful offender; a criminal charge that has been dismissed or nullified (not prosecuted); a criminal charge for which the person was found not guilty; or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.

F. Hawaii Applicants. Do not answer the following two questions.

G. Massachusetts Applicants. Regarding convictions, exclude misdemeanor convictions more than five (5) years old and exclude a first offense for drunkenness, simple assault, speeding, minor traffic violation, affray, or disturbing the peace. Do not respond to the second question (regarding pending charges).

NOTE: An applicant with a sealed record on file with the Massachusetts commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant may answer "no record" to an inquiry herein relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

H. Michigan Applicants. Regarding pending charges, limit your response to felony offenses.

I. Utah Applicants. Regarding convictions, limit your response to felony convictions. Do not respond to the second question (regarding pending charges).

1. Convictions/Pleas. In the past ten (10) years, have you ever been convicted of, or pled guilty or no contest to, any criminal offense other than any applicable exceptions listed above? Yes No

2. Pending Charges. Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial? Yes No

CRIMINAL RECORDS:

If you answered Yes to either of the above two questions, please provide the date(s) and describe that criminal record so the individual circumstances can be considered. *Criminal convictions or arrests will not automatically disqualify an applicant from employment.*

ADDITIONAL INFORMATION

APPLICANT NAME [REDACTED]

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years).

NAME	OCCUPATION/ASSOCIATION	TELEPHONE
1. Richelle [REDACTED]	Program Assistant	(303) 574-4923
2. Nisha Zamora	BF/ - Employee	(626) 322-5924
3. Jeannine Whetley	Correctional Officer	(310) 916-2949

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.

I have extensive knowledge in working with older adults age 65 years and older. Previous work experience include working as a gerontology social worker / Caregiver. Trained as Older Adult Services Ad Department of Mental Health

AGREEMENT (Please read the following statement carefully).

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Administaff any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Administaff, from liability for any damage that may result from furnishing same to Administaff.

I understand that Administaff and its client have agreed that Administaff will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Administaff's workers' compensation insurance policy.

If employed by Administaff and its client company, I agree to abide by the policies and procedures of Administaff and its client company, which include Administaff's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Administaff, the client company or myself. I further understand that no manager or representative of Administaff or its client company other than the president of Administaff has any authority to enter into any agreement, oral or written, on behalf of Administaff for a term of employment or to make any assurance or promise of continued employment.

I understand that Administaff and/or its client company may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Administaff as part of the pre-employment background investigation and if hired, at any time during my employment. California Applicants: I further understand that Administaff and/or its client company may obtain Public Records about me as part of an internal background investigation and that I may waive my right to receive a copy of such Public Records by checking this box:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to Administaff and/or its client company. I understand that any positive drug or alcohol result may preclude my employment.

SIGN AND DATE THE FORM

Applicant's Signature [REDACTED]	Print Full Name [REDACTED]
Last 4 Digits of Social Security Number [REDACTED]	
Date Signed 06/01/12	


**DISCLOSURE STATEMENT
AND AUTHORIZATION**
Instructions: Copy A – Sign and return this completed form with the Application for Employment.

- Applicants must complete all sections of this form and submit it with the completed and signed "Application for Employment" form. California applicants must also include a signed "Summary of Your Rights Under California Civil Code 1786.22."

Applicant Information (Print Clearly)

Name of Administaff Client Company (if applicable and known)		
Partners in Care		
<i>Note: Provide your full name as shown on your driver's license. This information is requested by USDataLink to ensure the correct information is obtained from the related courts and agencies.</i>		
First Name	Middle Name	Other Names(s) Used
		NIA
Social Security Number	Date of Birth (mm/dd/yyyy)	Driver's License Number

Disclosure of Intent to Obtain Consumer Reports or Investigative Consumer Reports

By signing below, you acknowledge that Administaff and/or the Client Company may obtain consumer reports, or investigative consumer reports, in connection with your employment application with Administaff, the Client Company listed above or any Client Company to which you may subsequently apply during the next 90 days or, if hired, at any time during your employment in accordance with applicable law. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, credit records, etc. Investigative consumer reports include investigations conducted by consumer reporting agencies through personal interviews (or through *any means* in California) on information as to character, general reputation, personal characteristics, or mode of living. You may make a written request for a summary of consumer rights and a disclosure of the nature and scope of an investigation. A disclosure of the nature and scope of such investigation is provided below.

Disclosure of Nature and Scope of Investigation for Investigative Consumer Report

In the event we request an investigative consumer report in connection with your employment application, a consumer reporting agency will prepare an investigative consumer report based on the following investigation: The agency may interview your former employers, business references, and/or personal references for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The agency will also conduct a records check of driving, criminal, credit, education, degrees, professional licenses, and/or certification records depending on the position. Such a report, as well as any credit report, will be obtained from USDataLink, 1300 Rollingbrook Street, Suite 300, Baytown, TX 77521, telephone 800-364-7770.

Authorization

I authorize the procurement of a consumer and/or investigative consumer report by Administaff and the Client Company listed above, or any Client Company to which I may subsequently apply in the next 90 days as part of my employment background investigation and if hired, at any time during my employment.

Print Full Name			
Current Mailing Address	City	State	ZIP
Applicant Signature	Date (mm/dd/yyyy)		
Parent/Guardian Signature if Applicant is a Minor (under age of 18)	Date (mm/dd/yyyy)		

California, Minnesota and Oklahoma Applicants Only

If you wish to receive a free copy of any credit, consumer or investigative consumer report obtained, please indicate by checking this box.

If you would like to receive that report via e-mail (rather than regular mail), please provide your e-mail address:

For California applicants, a summary of the consumer rights provisions of California Civil Code Section 1786.22 is provided herewith.

Minnesota Applicants Only

Applicants may make a written request to the consumer reporting agency for information on the nature and scope of a consumer report prepared.

Maine Applicants Only

You may request and promptly receive from the consumer reporting agency a copy of any investigative consumer report prepared. Regarding such investigative consumer reports, you may request from us (and receive within 5 business days) the name, address, and telephone number of the consumer reporting agency's nearest unit designated to handle inquiries.

Massachusetts and New Jersey Applicants Only

You have the right to have a copy of the investigative consumer report upon request.

New York Applicants Only

By checking this box, I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

You are not required to provide the year of your birth date on this form. Please understand that in order to conduct certain background checks and increase the accuracy that the information obtained is your information, you may receive a call from USDataLink, inquiring about your year of birth. Failure to respond to any such inquiry may cause a delay in the processing of your background check and/or may result in a background check not being completed at all, which could negatively impact the hiring process.




**DISCLOSURE STATEMENT
AND AUTHORIZATION**
Instructions: Copy B – Keep this page for your records.

- Applicants must complete all sections of this form and submit it with the completed and signed "Application for Employment" form. California applicants must also include a signed "Summary of Your Rights Under California Civil Code 1786.22."

Applicant Information (Print Clearly)

Name of Administaff Client Company (if applicable and known)
Partners in Care

Note: Provide your full name as shown on your driver's license. This information is requested by USDataLink to ensure the correct information is obtained from the related courts and agencies.

First Name	Last Name	Other Names(s) Used
[REDACTED]	[REDACTED]	[REDACTED]

Social Security Number	Date of Birth (mm/dd/yyyy)	Driver's License Number
[REDACTED]	[REDACTED]	[REDACTED]

Disclosure of Intent to Obtain Consumer Reports or Investigative Consumer Reports

By signing below, you acknowledge that Administaff and/or the Client Company may obtain consumer reports, or investigative consumer reports, in connection with your employment application with Administaff, the Client Company listed above or any Client Company to which you may subsequently apply during the next 90 days or, if hired, at any time during your employment in accordance with applicable law. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, credit records, etc. Investigative consumer reports include investigations conducted by consumer reporting agencies through personal interviews (or through any means in California) on information as to character, general reputation, personal characteristics, or mode of living. You may make a written request for a summary of consumer rights and a disclosure of the nature and scope of an investigation. A disclosure of the nature and scope of such investigation is provided below.

Disclosure of Nature and Scope of Investigation for Investigative Consumer Report

In the event we request an investigative consumer report in connection with your employment application, a consumer reporting agency will prepare an investigative consumer report based on the following investigation: The agency may interview your former employers, business references, and/or personal references for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The agency will also conduct a records check of driving, criminal, credit, education, degrees, professional licenses, and/or certification records depending on the position. Such a report, as well as any credit report, will be obtained from USDataLink, 1300 Rollingbrook Street, Suite 300, Baytown, TX 77521, telephone 800-364-7770.

Authorization

I authorize the procurement of a consumer and/or investigative consumer report by Administaff and the Client Company listed above, or any Client Company to which I may subsequently apply in the next 90 days as part of the pre-employment background investigation and if hired, at any time during my employment.

Print Full Name

Current Mailing Address

County

City

ZIP Code

Applicant Signature

Date (mm/dd/yyyy)

06/01/12

Parent/Guardian Signature if Applicant is a minor (under age of 18)

Date (mm/dd/yyyy)

California, Minnesota and Oklahoma Applicants Only

If you wish to receive a free copy of any credit, consumer or investigative consumer report obtained, please indicate by checking this box.

If you would like to receive that report via e-mail (rather than regular mail), please provide your e-mail address:

For California applicants, a summary of the consumer rights provisions of California Civil Code Section 1786.22 is provided herewith.

Minnesota Applicants Only

Applicants may make a written request to the consumer reporting agency for information on the nature and scope of a consumer report prepared.

Maine Applicants Only

You may request and promptly receive from the consumer reporting agency a copy of any investigative consumer report prepared. Regarding such investigative consumer reports, you may request from us (and receive within 5 business days) the name, address, and telephone number of the consumer reporting agency's nearest unit designated to handle inquiries.

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You have the right to have a copy of the investigative consumer report upon request.

New York Applicants Only

By checking this box, I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

You are not required to provide the year of your birth date on this form. Please understand that in order to conduct certain background checks and increase the accuracy that the information obtained is your information, you may receive a call from USDataLink, inquiring about your year of birth. Failure to respond to any such inquiry may cause a delay in the processing of your background check and may result in a background check not being completed at all, which could negatively impact the hiring process.

**SUMMARY OF YOUR RIGHTS UNDER
CALIFORNIA CIVIL CODE § 1786.22**

Instructions: Copy A - Sign and return this page with the Pre-Employment Background Screening Request.

Summary of Your Rights Under California Civil Code § 1786.22

An investigative consumer reporting agency ("Agency") will supply files and information that you have a right to inspect during normal business hours and on reasonable notice.

All files the Agency maintains on you will be made available for your visual inspection, as follows:

- In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual costs of copying.
- By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address. However, agencies complying with a request for such a mailing will not be liable for disclosures to third parties caused by mishandling of mail after the mail leaves the Agency.
- A summary of all information contained in your file and required to be provided to you under the California Civil Code will be provided by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

"Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the Agency require additional information concerning your employment and personal or family history in order to verify your identity.

The Agency will provide trained personnel to explain any information furnished to you pursuant to § 1786.10.

The Agency will provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choice when you come to inspect your file. This person must furnish reasonable identification. The Agency may require you to furnish a written statement granting permission to the Agency to discuss your file in your companion's presence.

My signature below acknowledges receipt of this "Summary of Your Rights Under California Civil Code § 1786.22."

SIGN AND DATE THE FORM	
Applicant Signature	
	
Print Full Name	Date Signed
	06/01/2012
	



10382-CA-A (Rev. 08-17-07)

Exhibit H

CHAVEZ & GERTLER LLP
ATTORNEYS AT LAW

42 MILLER AVENUE
MILL VALLEY, CA 94941
TELEPHONE: (415) 381-5599
FACSIMILE: (415) 381-5572
amanda@chavezgertler.com

March 1, 2013

VIA ELECTRONIC MAIL

TSG Reporting
Production Distribution Group
production@tsgreporting.com

Re: ***Roe v. Intellicorp Records, Inc.*** No: **1:12-cv-02288-JG**

Dear Sir or Madam:

Enclosed please find the Errata Sheet for the deposition of Jane Roe on January 22, 2013.

Very truly yours,



Amanda Randall
Paralegal

AR
Enclosure

Cc: Joel Cohen
Samantha Knox
Gina Caruso
(all via e-mail)

1 NAME OF CASE: Jane Roe v. Intellicorp Records

2 DATE OF DEPOSITION: Tuesday, January 22, 2013

3 NAME OF WITNESS: JANE ROE

4 Reason Codes:

5 1. To clarify the record.

6 2. To conform to the facts.

7 3. To correct transcription errors.

8 Page 62 Line 10 Reason 2

9 From Yes, that's correct to No,

10 Page 120 Line 21-22 Reason 2

11 From That's a typo... / date. to It is correct.

12 Page 128 Line 15 Reason 2

13 From No to Yes

14 Page 128 Line 17 Reason 2

15 From Yes to No

16 Page 129 Line 11 Reason 2

17 From A friend to A sister

18 Page 129 Line 19-21 Reason 2

19 From Um... /... / no... with her. to Yes.

20 Page 129 Line 25 Reason 2

21 From I don't know. to Yes, it is.

22 Page 129 Line 13-14 Reason 2

23 From I don't have... /... with her. Jane Roe

24 To In Los Angeles. JANE ROE

Exhibit I

[REDACTED]
Background Report**Subject Information**

Name: [REDACTED]
 Social Security Number: [REDACTED]
 Date of Birth: [REDACTED]
 Year of Birth Range: [REDACTED]
 Gender: [REDACTED]
 Name Matching: [REDACTED]
 Address: [REDACTED]

F
LIKELY NAME MATCH

Order Information

User ID	DOLORES7
User Name	MAY, DOLORES
Account ID	SMA00003
Account Name	SMART CHOICE INVESTMENTS, INC/BRIGHTSTAR
Request ID	H1020201114456060
Permissible Purpose	EMPLOYMENT (FCRA)
Report Status	PROCESS COMPLETE
Search Request Date	10/20/2011 5:32:26 PM
Search Complete Date	10/26/2011 11:25:34 AM

Disclaimer

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. Information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

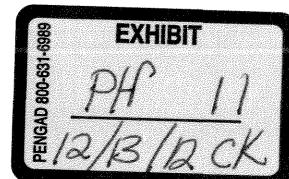
 REPORT SUMMARY

PRODUCT NAME	RESULTS
SSN Verification <small>②</small> Verifies that the SSN provided was issued by the SSA, includes issuing state, time frame of issuance, and an address history.	Results Found
California Single County Criminal [Los Angeles] <small>①</small> Felonies and misdemeanors from California Superior Court.	No Results Found
Criminal SuperSearch (incl. Nationwide Sex Offender Registry) <small>②</small> Multi-state criminal search (includes Nationwide Sex Offender Registry).	Results Found
Terrorist Search (OFAC, BIS, DDTC) <small>②</small> Records on persons associated with terrorism, drug trafficking, or weapons of mass destruction.	No Results Found

Only products with results will provide a link to another section of the report.

 SSN VERIFICATION**SSN Verification**

SSN: [REDACTED]



Result: THE PROVIDED SSN IS VALID (IF ASSIGNED PRIOR TO JUNE 25TH, 2011)
Possible Issue State: CA
Possible Issue Dates: 1980 TO 1980
Death Master File: NO RECORD FOUND.
Note: A VALIDATED SSN ONLY INDICATES THAT IT HAS BEEN VERIFIED AGAINST INFORMATION PROVIDED BY THE SOCIAL SECURITY ADMINISTRATION. IT DOES NOT VERIFY THAT THE SSN BELONGS TO THE SUBJECT OF THE SEARCH

AS OF JUNE 25TH, 2011, THE SOCIAL SECURITY ADMINISTRATION BEGAN RANDOMLY ASSIGNING SSNs INSTEAD OF ASSIGNING THEM BY GEOGRAPHICAL LOCATION. DUE TO THIS CHANGE, THE ISSUE STATE OR ISSUE DATE OF A SSN CAN NO LONGER BE POSITIVELY CONFIRMED FOR MORE INFORMATION, YOU CAN VISIT: [HTTP://WWW.SSA.GOV/EMPLOYER/RANDOMIZATION.HTML](http://WWW.SSA.GOV/EMPLOYER/RANDOMIZATION.HTML)

ALL RESULTS, INCLUDING ISSUE STATE AND ISSUE DATES ARE GENERATED ON THE ASSUMPTION THAT THE SSN WAS ISSUED PRIOR TO RANDOMIZATION. FOR POSITIVE CONFIRMATION, YOU MUST ORDER AN E-VERIFY PRODUCT OR CONSENT BASED SSN VERIFICATION (CSV)

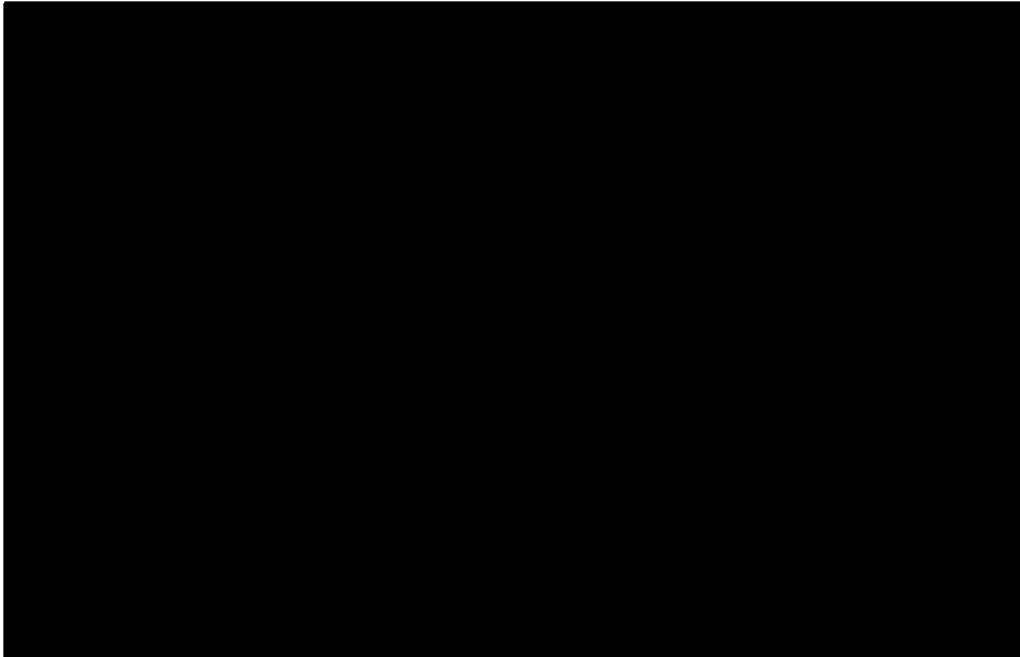
ADDRESS HISTORY

The data provided to you in this section may not be used as a factor in establishing a consumer's eligibility for credit, insurance, employment, or other purpose by the Fair Credit Reporting Act (FCRA) (15 USC 1681).

Address History is provided from known addresses associated with the SSN

Other Addresses

NAME	AGE / DOB	ADDRESS	DATES / COUNTY



CRIMINAL SUPERSEARCH (INCL. NATIONWIDE SEX OFFENDER REGISTRY)

CA Criminal Records

RECORD 1

SSN:	Returned NOT PROVIDED	Submitted [REDACTED]	Comparison
Name:	[REDACTED]	[REDACTED]	Unable to Compare SSN
DOB:	[REDACTED]	[REDACTED]	NAME MATCH - Check Middle Name
Gender:	?	FEMALE	EXACT DATE OF BIRTH MATCH
County:	LOS ANGELES	NOT PROVIDED	Gender Does Not Match
Demographic Information			
Race:	UNKNOWN		
State of Residence:	CA		
Case 1			
Case Number:	06 [REDACTED] 01		
File Date:	03/16/2005		
Court ID:	SUPERIOR		
Case Note:	CHARGE CODES: P 211 P 668. COURT DISTRICT Y		
Charge 1	LOS ANGELES SUPERIOR COURT INDEX DATA		
Charge Description:	NOT PROVIDED		
Disposition Date:	NOT PROVIDED		
Disposition Description:	NOT PROVIDED		
Sentence:	NOT PROVIDED		
Offense Date:	NOT PROVIDED		

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Exhibit J

[REDACTED]
Background Report**Subject Information**

Name
 Social Security Number
 Date of Birth
 Year of Birth Range
 Name Matching
 Address

**Order Information**

User ID	VANCASTA
User Name	CASTANEDA, VAN
Account ID:	5L100001
Account Name	SLIFE VENTURES INC DBA COMFORCARE SENIOR SERVICES
Request ID:	H310201113278985
Job Code	COMCARE2
Permissible Purpose	EMPLOYMENT (FCRA)
Report Status:	PROCESS COMPLETE
Search Request Date	3/10/2011 9:07:47 PM
Search Complete Date	3/15/2011 12:15:35 PM

Disclaimer

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. Information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

 REPORT SUMMARY**PRODUCT NAME****RESULTS**[SSN Verification](#)

Verifies that the SSN provided was issued by the SSA. Includes issuing state, time frame of issuance, and an address history.

Results Found

[California Single County Criminal \[Los Angeles\]](#)

Felony and misdemeanors from California Superior Court.

Results Found

[Criminal SuperSearch \(incl. Nationwide Sex Offender Registry\)](#)

Multi-state criminal search (includes Nationwide Sex Offender Registry)

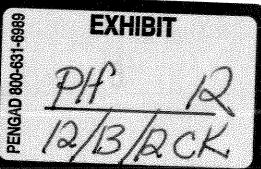
Results Found

Only products with results will provide a link to another section of the report.

 SSN VERIFICATION**SSN Verification**

[REDACTED]
 SSN IS VALIDATED
 CA

EXHIBIT



Issue Dates:
Death Master File:
Note

1960 TO 1980
NO RECORD FOUND.
A VALIDATED SSN ONLY INDICATES THAT IT HAS BEEN VERIFIED
AGAINST INFORMATION PROVIDED BY THE SOCIAL SECURITY
ADMINISTRATION. IT DOES NOT VERIFY THAT THE SSN BELONGS TO THE
SUBJECT OF THE SEARCH

ADDRESS HISTORY

The data provided to you in this section may not be used as a factor in establishing a consumer's eligibility for credit, insurance, employment, or other purpose by the Fair Credit Reporting Act (FCRA) (15 USC 1681)

Address History is provided from known addresses associated with the SSN

Other Addresses

NAME	AGE / DOB	ADDRESS	DATES / COUNTY



CALIFORNIA SINGLE COUNTY CRIMINAL [LOS ANGELES]

CA Criminal Records

RECORD 1

	Returned	Submitted	Comparison
Name			EXACT NAME MATCH
DOB			EXACT DATE OF BIRTH MATCH
SSN	NOT PROVIDED		Unable to Compare SSN
Gender	NOT PROVIDED	NOT PROVIDED	Unable to Compare Gender
County	LOS ANGELES	NOT PROVIDED	County Does Not Match
Demographic Information			
State of Residence	CA		
Case 1			
Case Number:	YA [REDACTED] 88		
File Date	02102005		
Court ID:	CRIMINAL		
Charge 1			
Charge Code	PC 666		
Charge Description:	PETTY THEFT WITH PRIOR JAIL TERM		
Disposition Date	04/07/2005		
Disposition Description:	GUilty		
Sentence:	3 YEARS FORMAL PROBATION 133 DAYS JAIL WITH 133 DAYS CREDIT A FINE OF \$400.00		
Offense Level:	FELONY		
Offense Date	NOT PROVIDED		

CRIMINAL SUPERSEARCH (INCL. NATIONWIDE SEX OFFENDER REGISTRY)

CA Criminal Records

RECORD 1

	Returned	Submitted	Comparison
SSN	NOT PROVIDED		Unable to Compare SSN
Name			Name Does Not Match
DOB	?	NOT PROVIDED	EXACT DATE OF BIRTH MATCH
Gender			Unable to Compare Gender
County	LOS ANGELES	NOT PROVIDED	County Does Not Match
Demographic Information			
Race	UNKNOWN		
State of Residence	CA		
Case 1			
Case Number	06 [REDACTED] 01		
File Date	03/15/2005		
Court ID	SUPERIOR		
Case Note	CHARGE CODES P 211 P 666, COURT DISTRICT Y		

Charge 1
Charge Description LOS ANGELES SUPERIOR COURT INDEX DATA
Disposition Date NOT PROVIDED
Disposition Description NOT PROVIDED
Sentence: NOT PROVIDED
Offense Date NOT PROVIDED

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